12-2004

Barebacking and Rebellion: An Examination using Reactance Theory to Investigate the Re-emergence of Unsafe Sexual Practices Among Gay and Bisexual Males

Jon W. Braddy
University of Tennessee, Knoxville

To the Graduate Council:

I am submitting herewith a dissertation written by Jon W. Braddy entitled "Barebacking and Rebellion: An Examination using Reactance Theory to Investigate the Re-emergence of Unsafe Sexual Practices Among Gay and Bisexual Males." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Communication.

Michelle Violanti, Major Professor

We have read this dissertation and recommend its acceptance:

John W. Haas, Kelby K. Halone, Eric Haley, David Houston

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

To the Graduate Council:

I am submitting herewith a dissertation written by Jon W. Braddy entitled "Barebacking and Rebellion: An Examination using Reactance Theory to Investigate the Re-emergence of Unsafe Sexual Practices Among Gay and Bisexual Males." I have examined the final paper copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Communication.

Michelle Violanti, Major Professor

We have read this dissertation
and recommend its acceptance:

Acceptance for the Council:

Vice Provost and Dean of Graduate Studies

BAREBACKING AND REBELLION: AN EXAMINATION USING REACTANCE THEORY TO INVESTIGATE THE RE-EMERGENCE OF UNSAFE SEXUAL PRACTICES AMONG GAY AND BISEXUAL MALES

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee

Jon W. Braddy
December 2004

DEDICATION

This dissertation is dedicated to my father, Wayne Braddy, for always believing in me, inspiring me, and encouraging me to reach higher in order to achieve my goals. Plus, Dad's financial support over a decade of study really came in handy.

You are the definition of a good man.

ACKNOWLEDGMENTS

I wish to thank all those who helped me complete my Ph.D. in Communication. Thank you, Michelle Violanti, for your guidance and willingness to direct a long-distance study. It truly must be horrific!

I would like to thank Kelby Halone for instructing me to uncover sources in unique places. Because of you, I learned to think of communication in a different way, which I believe will benefit me greatly in the future.

I would also like to thank John Haas, Eric Haley, and David Houston for serving on my committee and suggesting excellent avenues to explore. It's a tighter study thanks to their insights.

I offer an acknowledgement to William Mynatt who was not only supportive and encouraging in the final days (months, years!?) of getting this project completed, but fulfilled his role as best friend in a manner that deserves resounding praise.

A thank you goes to my sister, Suzanne Ashley, whose sage advice couldn't be ignored: "Just write it and get done!"

Special thanks to John Allen Williams who is more than an inspiration and role model—he is a genuine friend.

Lastly, I would like to thank my colleagues at Florida Gulf Coast University for their encouragement and patience over the past year.

ABSTRACT

The recent rise in unprotected anal intercourse among men who have sex with men and the possible reasons for that behavior despite general health concerns reflects the purpose and direction of this dissertation. Two issues are investigated within this study: first, is reactance the possible cause for barebacking and second, how influential are the socially constructed reasons given by gay and bisexual men for the behavioral increase? Results from 2036 questionnaires collected during a large, metropolitan circuit party found that there is a statistical link between higher reactance scores and the likelihood of engaging in unprotected anal intercourse. Secondly, two socially constructed reasons why men who have sex with men often bareback were supported. These include high solidarity reasons (also known as bugchasing) and individuals with high emotional intimacy scores. Two other socially constructed reasons for the behavior, high physical intimacy and high fear, were not statistically supported. Other issues such as lack of safe sex advertising, alcohol/drug usage, and self-identification anxiety are also discussed. An overall conclusion drawn from this study is that many health communication models are failing to prevent the spread of AIDS and HIV infection.

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION AND PURPOSE OF STUDY

I am a gay man who embraced his sexuality about a decade ago. The early 1990s were a wonderful time to be gay because it appeared that a substantial number of people were coming out. In part, this was a result of the AIDS epidemic and the slogan at the time was "silence equals death." Movie stars were wearing red ribbons at the Academy Awards; President Clinton was providing money for research and tackling the hot-button issue of gays in the military; and large gay-fundraising events were being held throughout the world to raise consciousness and money for AIDS research. Many gay and bisexual men attended these events so regularly that they became a year-round circulatory event, thus, "circuit parties" emerged. Circuit parties began raising large amounts of money for AIDS education and research. They were the "gay 90s" and the chant at all the Pride parades was "We're here. We're queer. Get use to it."

I remember a conversation I had with another swim team member in 1993. David (a fictitious name) was also a young gay man. The two of us talked about the latest news of a possible vaccine for AIDS and HIV. While picking up trash on Earth Day, I clearly remembered a conversation.

Me: I hope this vaccine works because it's terrible to have so many people dying.

David: I hope the vaccine works because I'm tired of living in fear.

Me: Why live in fear? Just wear a condom.

David: The fear is still there.

At the time, the conversation did not mean much to me. It was two gay guys talking about an often discussed issue during the early 90s. To me, as long as we wore condoms, AIDS would always stay at bay. That belief was deeply held by many people. Everywhere I turned, condoms were considered "lifejackets." Gay men had at least one in their wallets, all the bars had fishbowls full of them by the door so you could grab at least one as you exited, and the media spent lots of money promoting safe sex practices.

That was a decade ago. Today there is seldom a media ad for wearing condoms to prevent the spread of AIDS. The fishbowls full of condoms at the door are gone, and I cannot name one friend who still carries one in his wallet. It appears that AIDS is fully under control and that the spread of the disease is a thing of the past. That is, until newspapers reported HIV diagnoses rising among gay and bisexual men by 7.1% across the nation and 18% in southern states (Lorge, 2003). Helene D. Gayle (quoted in Sussman, 2000), MD, MPH, director of the National Center for HIV, STD, and TB Prevention at the CDC in Atlanta said there now seems to be a "real potential for resurgence [in the numbers of people with HIV infection]." Gayle cites studies showing trends that indicate AIDS rates could rise again after years of steady decline or stagnation because of risky behavior among young men. The concerns are based on the latest CDC surveillance data on AIDS cases, deaths, and HIV diagnoses through June of

1999. Gayle also reported new risk behavior data and the preliminary results of the first wide-scale analysis of studies on HIV incidence conducted between 1978 and 1999. Among the findings: 1) The incidence of HIV infections and AIDS cases leveled off among people 13-24 years of age since 1996—at about 2,000 cases a year—in 25 states; 2) less than half of unmarried adults used condoms the last time they engaged in sexual intercourse; and 3) less than one-fourth of intravenous drug abusers used condoms the last time they had sex. Twenty percent of drug users continue to share needles.

In addition, the San Francisco Department of Public Health reported a striking increase in new HIV infections between 1997 and 1999 (Lorge, 2003). The data show increases in infection of about 8% in 1998, the highest levels since 1991. Currently, about 40,000 Americans contract HIV each year, down from the 100,000 new infections annually during the mid-1980s. The decline in annual cases is largely attributed to people adopting safer-sex habits and intravenous drug users avoiding dirty needles. However, Gayle says that increases seen in recent years of high-risk activities—unprotected sex and injecting drugs—are leading to increased rates of sexually transmitted diseases and an increase in HIV infection (cited in Sussman, 2000). Gayle worries that a deadly combination of complacency and the availability of the highly effective HIV treatments is behind a return to risky behaviors. She cites new surveys showing that young men who have sex with men are engaging in unprotected sex, believing that new drugs will reduce or eliminate the risk of dying from AIDS. Just as worrisome, she says, is

the plateau in the numbers of new cases of AIDS and deaths from the disease. Gayle stated that since July 1998, the number of AIDS deaths and new cases of the disease have remained steady at about 12,000 deaths and 40,000 new cases a year. Before then, the annual number of deaths had steadily declined since 1993; cases of AIDS had been declining since 1995 as combination therapy for HIV infection became the standard treatment for the disease. AIDS and HIV are still around, and while people do not die as quickly from the disease, it is still an incurable, fatal diagnosis.

Why, despite gay and bisexual men being more informed on the health risk, with the ease and availability of inexpensive condoms, and with the decrease in social stigmatization for same-gender sexual practices, is the HIV rate among gay and bisexual men increasing? Theories abound as to the resurgence of unsafe sex among gay and bisexual men. "When we discuss the issue of sexual risk-taking behaviors—particularly in a marginalized, outlawed group, such as gay men—it is imperative to see the historical and cultural forces at work in shaping dynamic understanding of such behavior" (Forstein, 2002, p. 12). Some researchers say it is because of a growing rise in the practice of unprotected anal intercourse. It is known as barebacking (Blechner, 2002; Crossley, 2002; Gendlin, 1997; Mattison, et al., 2001; McNall & Remafedi, 1999).

Aim of Study

The aim of this study is to use the communication aspects of a socio-psychological approach to study the increase in unprotected anal intercourse

(barebacking) among gay and bisexual men post-AIDS crisis. This study should shed new light on the nature of contemporary gay and bisexual sexual practices in general and barebacking in specific in regards to health issues and to influence policy decision in that area. It introduces the concept of barebacking, or unprotected anal intercourse among gay and bisexual men, and lays the foundation of why this investigation has both academic and societal value. Beginning with the latest statistics reporting a trend in the increase of HIV/AIDS after years of decline, safer sex messages, people dying, and changes in medical treatments, gay and bisexual men are returning to the ways of sex preceding the AIDS epidemic. This phenomenon is intentional, as opposed to poor planning or relapsing (Shernoff, 2003). To explain this re-emergence of unsafe-sexual practices, a discussion of the various health communication models and why they do not adequately address the rise of barebacking over the last decade is presented. The latter section of this chapter provides the theoretical foundation of reactance theory and why it is appropriate for investigating the barebacking phenomenon. In addition, the chapter argues that while reactance theory has traditionally been a psychological theory, its tenets and assumptions are better suited for the study of communication. First, an overview of why this study warrants scholastic attention is presented.

Barebacking

The term barebacking comes from the equestrian world. It means riding a horse without a sadle and it is wild, dangerous, and fun. In the semiotic new

meaning of the word held by gay and bisexual men today, barebacking is simply unprotected anal intercourse. Although the communicative, psychological, and cultural dynamics involved in the practice are more fully explored later in the chapter, it is easy to understand the importance of this phenomenon from both a societal and academic viewpoint. Society views the rise in barebacking behavior as a health issue. As previously noted, the spread of HIV/AIDS, which had reached pandemic proportions in the United States during the 1980s and declined in the latter half of the 1990s, has seen a rise in the past few years. Thus, from society's view, the increase in high-risk sexual practices, which results in more deaths and strains on health services, is of paramount importance.

Current communication and health theories do not adequately provide a powerful and compelling reason why gay and bisexual men engage in this practice. Different men have different reasons for having sex without condoms. Toohey (2002) discussed why men participate in unprotected anal intercourse. Reasons varied from physicality and the associated discomfort of wearing condoms ("I can't climax w/ condoms and I rarely stay erect w/ a condom") to thrill seeking ("I wanted the adventure of an unsafe experience and more feeling without a rubber"), the "heat" of the moment, and the implications associated with the use of alcohol and drugs. Some participants said they engaged in unprotected anal intercourse for political reasons ("I refuse to give into the condom Nazis"), while others simply were HIV positive and decided that it no longer mattered to be restrained by safe-sex practices.

Public health models often operate under the assumption that unsafe sexual practices are the result of ignorance or lack of knowledge. Clinicians, however, know that this is not always the case and that such a model can have severe limitations. For example, the psychological mechanism which Sullivan (1956) called "selective inattention," and which is more commonly referred to today as "dissociation" (Drescher, 1998, 2002), often acts to keep "what one knows" just out of conscious awareness. One result of this can be that sometimes individuals risk exposing themselves to HIV infection even when they know how to avoid doing so.

Barebacking has created a popular (and sometimes even a clinical) image of the risk-taker as a severely disturbed individual. However, Cheuvront (2002) widens the discussion and directly raises the question of what might be the possible meanings of such behavior. Cheuvront argues "for an understanding which rejects the notion of risk-taking as characterological in favor of a view that understands that these behaviors emerge in the context of situational factors and attempts at self-care" (2002, p. 36). He makes his case from an intersubjective perspective (Stolorow & Atwood, 1992, p. 16), a branch of self-psychology that emphasizes "the centrality of the relational matrix." This approach is one that raises important clinical issues—how we think and feel about risk-taking sexual behavior affects how patients are treated. This includes whom we see as risk-takers, the sort of behavior we consider risky, the degree to which we express or withhold concern [directly to patients], and our capacity to sustain empathic

inquiry into the risk-takers' experience. Blechner responded to Cheuvront's thesis by stating that the current public health

> Situation merits serious analysis of risk-taking . . . and requires [scholars and health practitioners] to examine the fundamental issues of sexual experience and the ways they have shifted during different periods of recent history. Without this perspective, we run the risk of assuming that there are simple truths involved in determining behavior and of losing an empathic perspective on the experience of young gay people coming out today (2002, p. 8).

Blechner encouraged researchers to look at the broader social picture. In arguing for this communicative perspective, he notes that "people today do not share the great sense of relief that the previous generation felt at being able to stay alive by mere condom use. Some instead feel resentment and deprivation at the constraints of safer sex" (2002, p. 19). Although speaking from a public health perspective, Blechner feels that clinicians must investigate and take into consideration the social phenomenon that is endangering future generations.

Forstein adds to the socio-dialogical perspective discussed by Blechner when he states it is fundamentally important to remember that the definition of any particular sexual behavior being high risk is "the presence of a virus that is destructive, rather than the actual physical activity that might permit a virus from moving from one person to another" (2000, p. 20). Forstein wishes to distinguish between the sexual acts of HIV-negative men engaging in unprotected sex and the

"blurred and deeply held beliefs and attitudes about anal sex itself or the ingestion of semen" (2002, p 37). Through this dialogical view, Forstein, former chair of the American Psychiatric Association's Commission on HIV/AIDS, hopes to defuse the emotionally charged environment surrounding barebacking and describes the differences of what many high-risk takers describe as the "intense feeling of being alive as a consequence of their activities . . . and the calculated risks about the inevitability of death" (2002, p. 36).

But are gay men higher risk takers in general and, if so, why would that be? The next chapter presents an overview of the sexual and social issues gay men face in addition to a review of some theories of sexual orientation. The goal of this dissertation is not to explore all theories of male sexuality in detail, but to highlight the range of current thought. While in the recent past it was considered to be impossible for gay males to be psychologically healthy and successful in their primary relationships, theories of homosexuality have evolved, due to empirical evidence and social tolerance that allow for healthy, mature homosexual individuals and couples. Next is a discussion of theories of male sexuality with the emphasis on the sexuality of gay men. This section will focus on the notion of anonymous and promiscuous homosexual behavior and how it resulted in the spread of AIDS, how the AIDS epidemic changed the sexual behavior of gay men and instituted "safe-sex" practices.

From an academic standpoint, the increase in barebacking offers opportunities to understand, study, critique, and/or revise long-standing

theoretical assumptions of rational behavior (Ajzen, 1988), individual versus group perceptions (Mead, 1934), analysis of risk (Sherif, 1965), uncertainty management (Gudykunst, 1995), the use, transformation, and abandonment of signs (Barthes, 1988) and possibly cultural or media studies such as Cultivation (Gerbner, 1998). To date, the study of barebacking as a phenomenon has centered on understanding the mindset of the gay and bisexual male community (Blechner, 2002; Crossley, 2002; Gendlin, 1997; Gold; 1995; Gold et al., 1994; Hunt et al., 1993; Lowy & Ross, 1994; Mattison, et al., 2001; McNall & Remafedi, 1999; Odets, 1995).

From those studies, an interesting observation is made—the respondents state that as active barebackers, they are "proud and defiant, in what some see as courageous behavior against sexual repression and punitive attitudes" (Blechner, 2002, p. 29). So, whom or what are these men defying? Who are those responsible for sexual repression and punitive attitudes? Is barebacking the fruition of Odets' (1995) warning that overly restrictive, all-encompassing safe-sex guidelines could backfire and lead gay and bisexual men to greater risk-taking behavior? One way to address that question is through the theoretical framework of psychological reactance.

A Theoretical Frame

The theory of psychological reactance proposes that when behavioral freedoms are threatened with elimination or reduction, individuals will be motivated to protect or restore their sense of freedom (Brehm, 1966; Brehm &

Brehm, 1981). Attempts to restrict an individual's freedom often produce a reactive "boomerang effect," that is, an increase in the restricted behavior (Brehm & Brehm, 1981). In addition to directly engaging in the prohibited behavior, reactance can be expressed by observing others engaging in the behavior, by engaging in related behavior, or by engaging in aggression against the prohibitor (Dowd, 1999). The theory proposes that reactance is a motivational force aroused when real or perceived personal freedoms are threatened, reduced, or eliminated. Reactance is directed toward the restoration of those freedoms and can be expressed in various ways (Brehm & Brehm, 1981). Individuals may directly engage in the prohibited behavior, receive gratification by observing others engaging in the behavior, or engage in aggression against the individual reducing or eliminating the freedoms.

Originally, psychological reactance was theorized to be a social-psychological, situation-specific construct, but studies have shown individual differences in the tendency to be reactant (Buboltz & Woller, 1997; Buboltz, Woller, & Pepper, 1999). In other words, people with certain personality characteristics seem to exhibit a greater tendency to be reactant in relation to their freedoms being restricted than do others. For example, high levels of reactance have been associated with paranoid, borderline, sadistic, and antisocial personality patterns (Huck, 1998). Highly reactant individuals also experience higher levels of stress and tend to use coping styles designed to relieve the emotional impact of stress (Palmentera, 1996). In summarizing the results of several studies (i.e.,

Dowd & Wallbrown, 1993; Dowd, Wallbrown, Sanders, & Yesenosky, 1994), Dowd (1999) stated that reactant people tend to be autonomous, dominant, lacking in self-control, not particularly tolerant, not particularly interested in making a good impression, and not seeking to care for others or to be cared for by others.

Over the years, however, the theory of psychological reactance has emerged as a dominant predictive force among social scientists regardless of the actual nature of reactant people. Dowd and Seibel (1990) proposed a theory of the etiology of reactance that focuses on the importance of parenting skills (i.e., consistency, unconditional acceptance, and support of separation and autonomy) in developing an optimal level of reactance in children, which is theorized to foster healthy identity development. Other studies have shown that parental divorce and poor functioning in the family of origin (i.e., frequent conflict, lack of communication, and low levels of cohesion) predict difficulties with developmental task attainment for college students, including reactive emotional cutoffs from parents (Johnson & McNeil, 1998; Johnson & Nelson, 1998; Johnson, Wilkinson, & McNeil, 1995) and low levels of vocational identity (Johnson, Buboltz, & Nichols, 1999).

In the communication discipline, Quick (2003) presented a paper in which he used Brehm and Brehm's (1981) psychological reactance theory as an analysis framework to reveal that most anti-drug print ads do not contain explicit threatening messages. His research indicated that most ads encouraged parents to

get involved in their child's activities, communicate about drugs with their child, and monitor their child's activities while incorporating an informational-affectively neutral emotional appeal. The research examined links between the anti-drug print ads directed at parents and the degree of authoritative, authoritarian, and permissive parenting styles directed toward children. The results showed that the more authoritative parenting style resulted in higher reactance among children towards drug usage or a re-establishment of freedom by implication (substitution of freedom). In contrast, the more permissive parenting style that still maintained authority (i.e., the parent that allows freedom as long as the child must be home within curfew or call the parent for permission to stay out longer) did not try to re-establish a drug-use or drug-implication reactance (Quick, 2003). To fully demonstrate the importance of reactance theory to the future of communication studies, Dillard and Pfau (2002) devote an entire chapter to how reactance theory will soon be one of the leading communication-driven theories in persuasion.

A Communication Investigation

It could easily be argued that psychological reactance is improperly named. Reactance is when a specific freedom is eliminated (perception) or threatened (communicatively implied) with elimination; the individual will be aroused to recover that freedom (Brehm, 1966). Thus, an action (elimination of a freedom) must be communicated before reactance is felt. Plus, reactance depends on the significance of the freedom given. Spitting on the ground is not

significant, but free speech is. The *meanings* of those freedoms are based in society and communicated socio-culturally to individuals. Secondly, when a person experiences reactance, he or she will tend to engage in an "equivalent" freedom or encourage another person to engage in the threatened or eliminated behavior (persuasion) (Brehm, 1966). Therefore the tenets of reactance are well established in the field of communication.

In addition, one could assume that the theory is a framework for a study of psychology instead of communication. This, however, would be shortsighted. Psychology as a science investigates the mental processes that lead to behavior. At no time will this paper investigate brain functions, chemical (im)balances, the firing of neuro-synapse (or lack thereof), or psychocartography when a gay or bisexual man engages in the behavior of barebacking. Nor will this paper psychoanalyze the mental nurturing of the individuals studied. What this paper will do is employ a traditionally held psychological theory and apply it to communication. This is not a new concept—many traditional psychological theories have been utilized and adopted with greater use in the field of communication including constructivism (Delia, 1987) and cognitive dissonance (Festinger, 1957). Plus, being an interdisciplinary field, many of communication studies' most notable scholars have come from outside the field including Lasswell (political scientist), Lazarsfeld (mathematician), Lewin (psychologist), Shannon and Weaver (engineers), and Bateson (anthropology). So one must ask, what is a communication study and how does this study satisfy that definition?

"The difficulty in summing up a field like human communication is that it has no land that is exclusively its own. Communication is the fundamental social process" (Schramm cited in Rogers, 1994). The "father" of communication study stated these words in 1930 and to a degree, the field still seeks an identity. But to be a communication study, an investigation must satisfy the definition of communication, fall within one of the seven traditions of the field, and address fundamental questions of how humans create and share meaning. This study meets all those criteria in the following ways. First, the definition of communication states that it is a "systemic process in which individuals interact with and through symbols to create and interpret meanings" (Wood, 2004, p. 9). This study looks at a practice in which gay and bisexual men engage on an interpersonal, group, and cultural level. Plus, since the practice of barebacking has both academic and societal importance, the systemic component of the definition is met. In addition, the study questions the attitudes, beliefs, and practices of individuals and how they interact with their sexual partners. The symbol used is barebacking. Mead calls a gesture, action, or behavior with shared meaning a *symbol* (1934). Society is made possible by these symbols. Society itself, according to Mead, consists of a network of social interactions in which participants assign meaning to their won and others' actions by the use of symbols (cited in Leeds-Hurwitz, 1996). The study also seeks to understand what the symbolic behavior represents or means as a whole. Naturally, being a quantitative study, individual meaning will not emerge from this study. Rather, a cultural

meaning should emerge to help academics, health professionals, and members of the gay and bisexual community understand this growing communication phenomenon.

In addition to meeting the definition of communication, this study should also fall under the aegis or rubric of one of the seven traditions of the discipline (Craig, 1999). This investigation sits squarely within the socio-psychological tradition. The socio-psychological tradition looks for cause-and-effect relationships that will predict when a communication behavior will succeed, and when it will fail. In addition, this tradition seeks causal links through the framework of "who says what to whom and with what effect" (Griffin, 2003, p. 22). Carl Hovland was the founder of this tradition and it has been greatly employed among communication scholars in the study of persuasion, mass effects, credibility, and immediacy (Griffin, 2003, pp. 22-23). This study proposes to investigate the "boomerang effect" through communicative interactions, thus making it a study within the socio-psychological tradition (Anderson, 1971).

The last criterion states that the study needs to address fundamental questions of how humans create and share meaning. In large part, that is the guiding purpose of this inquiry. Humans, most notably for this study gay and bisexual men, have created a meaning that relates to having unprotected anal intercourse even though there is no cure for HIV/AIDS. Thus, the meaning is not simply logical or rational thought. There is a meaning more powerful than fear of

death or immense medical bills or social stigma. What is that meaning and was it a result of reactance? If it was reactance, then someone had to communicate a fundamental freedom that gay and bisexual men have enjoyed has been taken away.

The "Epistemological" Assumption

Epistemology is the branch of philosophy that studies knowledge, or how people know what they claim to know. Neopositivism (or logical empiricism) has supplied the epistemological ideals of many social sciences including communication (Hawkesworth, 1988). A theory of knowledge put forth to explain the concepts and methods of the physical and natural sciences, neopositivism has also given shape to a social science in pursuit of quantitatively replicable causal generalizations (Fay, 1975). Neopositivist principles emphasize empirical research designs, the use of sampling techniques and data gathering procedures, the measurement of outcomes, and the development of causal models with predictive power (Bobrow & Dryzek, 1987; Miller, 1993). This orientation is manifested in quasi-experimental research designs, multiple regression analysis, survey research, input-output studies, cost-benefit analysis, operations research, mathematical simulation models, and systems analysis (Putt & Springer, 1989; Sylvia, et al.. 1991).

The only reliable approach to knowledge accumulation, according to this epistemology, is empirical falsification through objective hypothesis-testing of rigorously formulated causal generalizations (Hofferbert, 1990; Popper, 1959:

Sabatier & Jenkins-Smith, 1992). The goal is to generate a body of empirical generalizations capable of explaining behavior across social and historical contexts, whether communities, societies, or cultures, independently of specific times, places, or circumstances. Not only are such propositions essential to social explanation, they are seen to make possible effective solutions to societal problems. Such propositions are said to supply the cornerstones of theoretical progress.

Underlying this effort is a fundamental positivist principle mandating a rigorous separation of facts and values, the principle of the "fact-value dichotomy" (Bernstein, 1976; Proctor, 1991). According to this principle, empirical research is to proceed independently of normative context or implications. Because only empirically-based causal knowledge can qualify social science as a genuine "scientific" endeavor, social scientists are instructed to assume a "value-neutral" orientation and to limit their research investigations to empirical or "factual" phenomena. Even though adherence to this "fact-value dichotomy" varies in the conduct of actual research, especially at the methodological level, the separation still reigns in the social sciences. To be judged as methodologically valid, research must at least officially pay its respects to this principle (Fischer, 1980).

This study is guided by the principles of neopositivism in the sense that the researcher tries to test relationships within a group using quantitative measures. In addressing a fundamental question arising from epistemology (to

what extent can knowledge be certain), this study assumes that knowledge exists, has previously been tested and, to a degree, verified within the neopositivist tradition. This study is based upon those previous works. If the role of theory arises from the testing of objective hypotheses that were decided upon prior to the data gathering, then a fundamental and epistemological assumption is that truth can be tested. This makes sense because objective research is designed to understand a single objective reality. This assumption indicates that all research on a given topic, if well-conceived, should contribute to one truth. Therefore, what has gone before is taken as probable to some determinable degree, informing the theoretical basis of the study and its hypotheses (Mellon, 1990).

The "Ontological" Assumption

Ontology is the branch of philosophy that deals with the nature of being, or the nature of the things we seek to know. In communication, ontology centers on the nature of human social interaction. Examining the ontology of barebacking via reactance does appear to be a provocative, fruitful, and promising area of research for health communication scholars. Yet why has the topic, which is so germane to the field, not been explored via the communication discipline? While many works exist investigating the nature of barebacking (Blechner, 2002; Crossley, 2002; Gendlin, 1997; Gold; 1995; Gold et al., 1994; Hunt et al., 1993; Lowy & Ross, 1994; Mattison, et al., 2001; McNall & Remafedi, 1999; Odets, 1995), safe sex (Weatherburn et al., 1991; Fitzpatrick et al.., 1989; Martin, 1987; Connell et al.., 1989; Doll et al., 1991), and reactance (Buboltz & Woller, 1997;

Buboltz, Woller, & Pepper, 1999; Dowd & Wallbrown, 1993; Dowd, Wallbrown, Sanders, & Yesenosky, 1994; Johnson & McNeil, 1998; Johnson & Nelson, 1998; Johnson, Wilkinson, & McNeil, 1995; Palmentera, 1996), no research has been done linking the scholarship.

Health communication studies frequently draw on and seek to inform communication scholarship. In the encompassing field, there are reasoned and often passionate calls for both greater unification and greater diversification (Dervin, Grossberg, O'Keefe, & Wartella, 1989; Levy & Gurevitch, 1993). These calls for unity and diversity represent a basic dialectical tension (Babrow, 1993; Craig, 1999) that scholars in the field will ultimately add to communication research in general and health communication scholarship in particular. But before such leaps can be made, the nature of health communication theory must be defined. According to Babrow and Mattson (2003), there is no universally agreed-upon theoretical definition of health communication. However, there is a general conception of the subject that leads to an "understanding" of what constitutes and communicates human health. Often, these result in a "hybrid" or variant of extremes that seek to explain, predict, justify, or understand a broader definition of health. As Babrow and Mattson state "theoretical understandings differ from what are probably our most common understandings—the tacit formulations that guide us are frequently difficult if not impossible to access consciously" (2003, p. 36).

Conscious understandings can be as simple as a single proposition such as saying the television promotes unhealthy body images, but a theory is an elaborated understanding involving a number of concepts and suppositions about interrelationships (Anderson, 1996; Littlejohn, 2002; Reynolds, 1971). Theories can be a justified understanding similar to an interpretive or critical theorist, they can be used to distinguish between substance and justification, and/or they can attempt to formulate a consciously elaborated and justified understanding of the world (Anderson, 1996, Craig, 1999; Miller, 2001). But perhaps the best understanding of theory is that it reflects a fundamentally uncertain understanding of the world and to that notion, we must possess an ontological position rooted in the nature of how we come to know, understand, interpret, and make sense of the universe in which we live (Babrow & Mattson, 2003).

Overview

This brief overview of the recent rise in unprotected anal intercourse among men who have sex with men and the possible reasons for that behavior despite general health concerns reflects the purpose and direction of this study. Two issues are investigated within this study: first, is reactance the possible cause for barebacking and second, how influential are the socially constructed reasons given by gay and bisexual men for the behavioral increase? Keeping the former issues in mind, two research questions and three hypotheses are submitted.

Hypothesis 1 predicts that gay and bisexual men who engage in unprotected anal intercourse (barebacking) will have statistically significant higher levels of reactance then gay and bisexual men who practice safe sex.

Hypothesis 2 predicts that that gay men who bareback will have significantly higher levels of reactance then bisexual men who engage in barebacking.

Research question 1 seeks to examine the tendency to bareback using demographic differences between gay and bisexual men who are sexually active.

Hypothesis 3 seeks to measure the socially constructed reasons of fear/relief, physical intimacy, emotional intimacy, and political solidarity among gay and bisexual men who engage in unsafe sexual practices as to the strength of those beliefs for the behavior. Four hypotheses were constructed to address each of these issues.

3a: Higher fear scores leads to increased barebacking.

3b: Higher physical intimacy scores leads to increased barebacking.

3c: Higher emotional intimacy scores leads to increased barebacking.

3d: Higher political solidarity scores leads to increased barebacking.

Research question 2 seeks to uncover why gay and bisexual men engage in unprotected anal intercourse within the confines of this study with special consideration to their knowledge and information-seeking practices regarding safe sex messages.

Chapter 2 provides a conceptual review and critique of the rise of barebacking based upon historical understanding and theoretical implications.

Beginning with historical underpinnings, the discussion demonstrates that behavior, among humans in general and gay/bisexual men specifically, are a result of social influence formed within a systems theoretical understanding. The literature review continues to discuss the theoretical framework or reactance to understand barebacking. Various health communication theories are discussed and critiqued as to why they do or do not adequately address reasons for barebacking. Keep in mind while reading that use of homosexual, gay and bisexual, and men who have sex with men are all general ways to represent men who engage in homosexual acts. At specific times, distinctions are made among these terms (e.g., homosexual includes lesbian women as well as gay men) . Generally throughout the study, such phrases are meant to represent men who have sex with men.

Chapter 3 presents the methods section. All sampling methods have advantages and liabilities in terms of representativeness. This chapter is divided into two sections: a pretest conducted during a circuit party that later resulted in the creation of the Bareback Thematic Scale (BTS); and the actual study combining the TRS with the BTS that resulted in the main data collection of for this dissertation.

Chapter 4 presents the study results and analysis. First, hypothesis 1 is tested to determine whether a correlation exists between reactance and the tendency to engage in barebacking behaviors. Second, hypothesis 2 is tested to determine whether there exist among the participant population significant

differences between self-identified gay men who engage in barebacking and self-identified bisexual men who engage in barebacking with regards to reactance levels. Section three addresses the first research question about the extent to which there are significant demographic differences among gay and bisexual men as a group that could predict the tendency to engage in unprotected anal intercourse or barebacking. Section four addresses hypothesis 3 and its subsections about the socially constructed reasons why gay men engage in barebacking (fear, physical intimacy, emotional intimacy, and political solidarity). The last section of the chapter seeks to uncover communicated messages that may influence gay and bisexual men to engage in unprotected anal intercourse.

Lastly, Chapter 5 of the dissertation concludes with a discussion of the study's findings, implication, limitations, and conclusions. A closer look at the relationship between reactance levels and unsafe sex among men who have sex with men are more fully explored. The socially constructed reasons why men engage in barebacking is also analyzed from the standpoint of the variables researched. The empirical study is evaluated critically and future directions for research are proposed. Finally, communicative implications of the dissertation are commented upon.

CHAPTER 2

REVIEW OF RELEVANT LITERATURE

In the course of writing this dissertation, people often inquired into the scope and nature of this investigation. Such inquires usually take place during polite conversation such as dinner with friends or sipping coffee late into the evenings with colleagues. From these interactions, two observations are made: 1) I am often hesitant to discuss my research, and 2) everyone finds the topic fascinating and important. While the latter is a good source of motivation and inspiration on my part (especially among the members of my dissertation committee), it is the former that intrigues me. Why would I be hesitant to discuss the culminating fruits of my life in higher education? Being that this is my second dissertation topic (the first being long since buried under the weight of methodological constraints), I knew that the hesitation wasn't based on the reasons I gave my friends, family and colleagues—I might "jinx" the process, a feeble defense to all who truly know that I'm not superstitious. Another excuse that "it would take too long to explain"—that reason is even lamer considering that as an academic, nothing gives me greater happiness than to discuss my brilliant ideas and research. No, in all honesty, the real reason is that I feel slightly embarrassed—embarrassed not because the topic lacks academic and societal value; not embarrassed because the issue isn't pertinent to the health and welfare of hundreds, perhaps thousands of men and women in the United States;

and certainly not embarrassed because it's a controversial issue. No, the embarrassment stems from the impression that people who know my topic will make assumptions concerning my lifestyle and sexual behavior. In my mind, these assumptions are derogatory and inflammatory: I feel as if I should defend and/or clarify myself to everyone within the conversation. To a large extent, a part of me feels like a member of an outgroup.

Queer theorists have often discussed outgroups. Queer theory is basically about the deconstruction of hetero/homosexual categories by reorganizing the logic of their perception. Queer theorists analyze the arbitrary character of traditional bipolarities, like hetero/homosexuality, inside/outside, normality/abnormality, centrality/marginality, and interpret these apparent poles as sets of interwoven, inseparable meanings. Such analysis necessarily implies the possibility of "a collapse of boundaries, an effacing of limits, and a radical confusion of identities" (Fuss, 1991, p.6). It also highlights basic problems of relations and terminological validity: "The homo in relation to the hetero. . . operates as an indispensable interior exclusion - an outside which is inside interiority making the articulation of the latter possible, a transgression of the border which is necessary to constitute the border as such" (Fuss, 1991, p.3). Therefore homosexuality, being the border and being at the border of heterosexuality at the same time, "is neither completely outside the bounds of sexual difference, nor wholly inside it either" (Fuss, 1991, p.6).

So in looking at myself, this would be understandable when discussing my topic with heterosexuals. Yet occasionally that twinge of embarrassment arises from my conversations with gay men. Thus, it was surprising the other day when during a chat with a friend on vacation, he mentioned a new meaning to the term "AIDS discriminatory." The term itself isn't new for it's been used in the press and in courtrooms across America to name any practice of discrimination, either forbidding hiring someone or refusing health care when an individual has AIDS. This meaning was used with my friend, who we will call Nick for the sake of clarity, who is HIV negative while he was on a date with a man who was HIV positive (called Paul, again for clarity). Anyway, during the course of their date, Paul mentioned that because Nick refused to have unprotected anal intercourse, Nick was being "AIDS discriminatory." Nick was dumbfounded by this response leading him to feel embarrassed and defensive. During my conversation with Nick, we discussed how a few years ago, it was naturally accepted that a gay man should always wear a condom during intercourse, and perhaps a double condom with someone who was HIV positive. Now, among some circles within the gay community, gay men who wish to have safe sex are considered discriminatory and the "outgroup."

I share this story for a reason: it illustrates the guiding philosophical approach of this dissertation—systems theory. Systems theory deals with the interaction among elements of a larger process. Systems theory, or systems science, argues that however complex or diverse the world that we experience, we

will always find different types of organization in it, and such organization can be described by concepts and principles which are independent from the specific domain at which we are looking (Krippendorf, 1996). Hence, if we would uncover those general laws, we would be able to analyze and solve problems in any domain pertaining to any type of system. The systems approach distinguishes itself from the more traditional analytical approach by emphasizing the interactions and connectedness of the different components of a system (Heylighen & Joslyn, 2004).

The outline of this chapter is simple and flows in the manner illustrated in Figure 1.

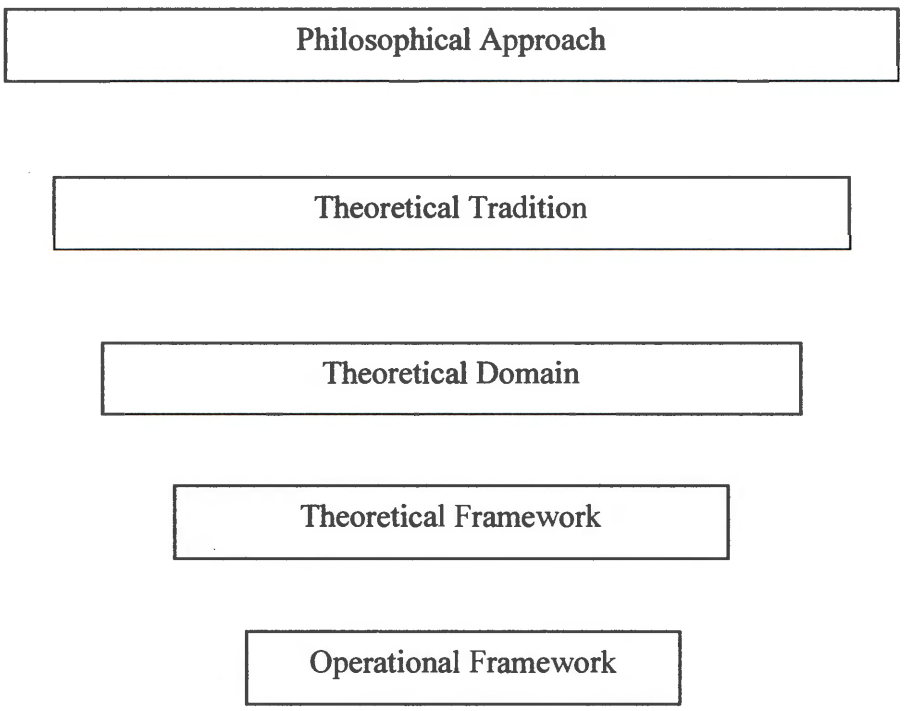

Figure 1
(Re)Aligning the Theoretical Foundations of this Study

The philosophical approach will discuss systems theory and how that epistemological understanding provides a foundation for this study.

The theoretical tradition will show where in the larger discipline of communication this study establishes itself: most notably as a blending of the socio-cultural and the socio-psychological approaches. The theoretical domain is health communication while the theoretical framework is reactance theory. The last section of this chapter deals with operational issues of a communication phenomenon.

Philosophical Approach

Individuals have been the primary unit of analysis for a considerable number of studies on communication effects and concomitant processes of social change (Salmon & Kroger, 1988). The resulting theories, models, and orientations have provided important understandings of message production centered upon the individual-level change. Delia (1987) and Gitlin (1978) state that without question, this paradigm has dominated empirical research in communication since the inception of programmatic research on communication. Yet this preoccupation with individual-centered approaches has resulted in a "dearth" of scholarship on macro-level considerations of the change process (McLeod & Blumler, 1987). This neglect of attention to systemic change is unfortunate because of the inherent reciprocity that exists between systems and individuals, between macro- and micro-levels of analysis (Kelman & Warwick, 1978). Resulting from this vein of knowledge, scholars know a great deal about

effects of communication on individuals' cognitions, attitudes, and behaviors and very little about the determinants of communication that shape the structure and function of the systems themselves (Salmon & Kroger, 1988). This section focuses on the evolution, structure, and function of communication practices over time that help develop a gay and bisexual identity and ultimately result in barebacking behavior. But first, a discussion of general systems theory is presented.

What is Systems Theory

A system may exist as a planned, intentionally interrelated set of elements, or as a serendipitous outcome of external forces. In addition, a system may exist as an actual physical entity or, alternatively, only in the abstract as defined by some observer or analyst. Thus, the terms commonly known as administrative system, communication system, and developmental system may refer to highly managed, empirically observable groups of components, or to functional linkages among a set of disparate or logically defined elements said to constitute a system (Clarke, 1985; Winett, 1986).

Systems consist of four elements (Hall & Fagen, 1968). The first is objects. Objects are the parts, elements, or variables within the system. Second is attributes or the qualities or properties of the system and its objects. The third component of a system is internal relationships with each in some way dependent on another. The fourth and final element of a system is that the system exists in an environment.

A university can be considered a system. The members of the faculty, staff, administration, and students are all the "objects," and their characteristics are attributes. The university system is formed by the interaction among the members. Universities also exist in a social and cultural environment, and the university and its environment influence each other. University members are not isolated. Faculty must interact with students, staff, administration, members of the community, etc. And all must conversely interact with faculty.

There are several qualities that compose a system. These include interdependence, hierarchy, self-regulation, interchange, balance, adaptability, and equifinality (Littlejohn, 2002). Each of these components will be discussed in greater detail starting with Interdependence. Wholeness and interdependence are unique to a system. A system involves a pattern of relationships that is different from any other system. Any part of a system is always constrained by its dependence on other object parts, and this pattern of interdependence organizes the system itself. So using the previous example, a university has wholeness and operates as a unique system different from other universities. It is within this interdependence that correlations can be seen. In a correlation, two or more variables change together. Some correlations are strong and others are weak, but in a system, many variables interrelate with one another in a web of influence that can vary.

Hierarchy is the term used to illustrate how one system is related to other systems. There are, within any particular system, a series of levels of increasing

or decreasing complexity. In a university, there are student systems. Student housing, for instance, with its particular members, administrators, rules, etc. represents a hierarchy within a system. But it is a subsystem of the larger suprasystem known as the university.

Many systems are goal-oriented and regulate their behavior to achieve certain aims. When this occurs, the system is displaying control and self-regulation. For animals, the search for food is the goal; for universities, the education of students is the goal. Either way, the self-regulation and control are a unique component of systems theory. This is closely related with change and adaptability. For a system to survive, it must change and adapt according to changes in its environment and occurrences with the subsystems. Advanced systems actually reorganize themselves to adjust to environmental pressures. This is referred to as morphogenesis—a term highly used in the cybernetic tradition (Krippendorf, 1993). Yet despite a system's ability to change, adapt and interact according to its environment, one of the main goals of a system is balance. Balance, occasionally referred to as homeostasis, is a form of self-maintenance. Most systems can tolerate being off-balance for short periods of time (think of being hungry), but if systems cannot make adjustments and re-establish homeostasis quickly enough, the system will disintegrate.

As stated earlier, all systems have a goal. The achievement of that goal is known as finality and the means taken by the system to reach that goal is known as equifinality. The adaptable system can achieve that goal under a variety of

environmental conditions. If one pathway fails, another one can take its place. If one process gets cut off, another process steps in. Thus the flexibility, alternative strategies, and multiple paths towards the achievement of a goal are of primary importance to any system.

Monge (1977) specified the necessary conditions for analyzing a communication phenomenon as a system. The conditions include: 1) a description of the system's evolution, 2) an identification of the system's components, 3) specification of the internal structure and relations among subsystems, 4) determination of the system's processes, 5) stipulation of the system's environment, and 6) a description of inputs and outputs. A further distinguishing feature between two distinct ways of defining a system exists: one, that emphasizes the structure and function of an organization actually producing communication as an output and two, a focus on the communication output. Parsons (1956) believed that a researcher could define a system by understanding the dominant values underlying the system. Communication domains that have taken the Parsons' approach include interpersonal communication (Salmon, 1991), family communication (Bochner & Eisenberg, 1987; Minuchin, 1974; Watzlawick, Beavin, & Jackson, 1967; Whitchurch & Constantine, 1993), organizational communication (Bronfenbrenner, 1979; McLeroy, Bibeau, Steckler, & Glanz, 1988; Winett, 1986; Ray & Donohew, 1990). Babrow and Mattison (2003) believe systems theory offers resources for bridging theory and

practice. System's thinking suggests that control and resistance are mutually conditioning features of the traditional hierarchical relationship.

So how does me being embarrassed to discuss my dissertation topic over dinner or my friend Nick's defensiveness at being called AIDS discriminatory demonstrate systems theory? The answer is simple: we are both products of the subsystem in which we were socialized—the gay community. A discussion of how the gay community can be defined as a subsystem will be discussed later in this chapter. But first, a review of systems theory within the human communication discipline is presented.

Scholars within the discipline of communication have recently argued that orienting one's conceptual focus primarily toward either micro-only or macro-only perspectives inhibits opportunities for scholars to advance comprehensive and definitive knowledge claims regarding communication-related phenomena (Halone, 1998). Putman (1997) contends that communication scholars should focus on the interface between macro- and micro-orientations that exist in, around, and as part of all communication processes. Taylor (1993) echoes these thoughts, insisting that the goal of communication theory ought to be to bridge the micro/macro gap by showing how to discover the structure in the process and delineating the processes that realize the structure. Jablin and Krone (1994) would agree with such contentions. In their comprehensive review of research on interpersonal relationships, they recognized the majority of studies that have explored interpersonal communication relationships have failed to consider

adequately the constraints that the embeddedness of these relationships have within the larger system of the communication process. The next sections of this chapter demonstrate how a macro-level environment influences, at least in part, a micro-level subsystem known in this dissertation as gay and bisexual men who engage in unprotected anal intercourse or barebacking.

Using Monge's conditions necessary for establishing the identity of a system, an argument outlining the description of the system's evolution is given. It should be noted that despite the historical and theoretical ideas listed in the following sections, this is not nor should not be treated as a treatise of the origins or reasons for homosexuality. That is not the purpose of this dissertation. Rather, the sections should identify a growing subsystem (barebackers) within a subsystem (the gay and bisexual community) within a system (western society). It hopes to do this by 1) giving a description of the system's evolution beginning with the roots of intolerance in western society as identified by Boswell (1981), then moving toward 2) an identification of the system's components. This identification is noted in a discussion of reasons why gay sexuality differs from heterosexual practices of sexuality and some of the reasons in the literature for this. This discussion is important because it sets the stage for many practices historically associated with gay and bisexual men including open relationships and promiscuous sexual behavior which, it is argued lead to the subsequent rise of AIDS and the subsequent lack of governmental interests and financial support towards the assistance of a "marginalized" group. When the consciousness was

raised, the messages sent were "safe sex" messages which ultimately resulted in a new group, or subsystem, formation: safe sex group/unsafe sex group. The structure and relations among subsystems are discussed as well as the determination of the system's processes (most notably defined upon sex, sexual liberation, and acceptance of identity to the larger system). Although it will not be addressed in this section, Parsons' description of inputs and outputs will be discussed within the section on "theoretical domain." I place it in that section while addressing issues of ontology, which, provides a deeper meaning of the communication outputs and inputs associated with barebacking. But first, a brief description of the system's evolution.

Roots of Intolerance

John Boswell's (1981) social history, *Christianity, Social Tolerance, and Homosexuality*, traces the development of anti-gay sentiment in the western world from the ancient Greek and Roman periods when gay sexuality was an accepted social norm through the Middle Ages, by which time gay love and sex gradually had become socially suspect and forbidden. Boswell's study may indeed be termed monumental, and a full description of it is beyond the scope of this dissertation. Several of his findings, however, contribute to an understanding of the ways in which present day attitudes toward gay relationships evolved.

Boswell (1981) states that contemporary ignorance of the extent of gay relationships in ancient Greek and Roman society and their accepted place in these societies resulted from mistranslations, alterations of, and deletions from

texts of classical literature and legal statutes. In a manuscript of Ovid's *Art of Love*, for example, a medieval moralist changed a phrases which originally read "A boy's love appealed to me less" to read "A boy's love appealed to me not at all," and a marginal note instructed the reader, "Thus you may be sure that Ovid was not a sodomite" (Boswell, 1981, p. 18). Boswell shows how such changes were made to bring classical texts into line with current social mores and values.

How did it happen that cultures that not only embraced gay love and sex, but even idealized it, eventually turned to condemning and outlawing it? With his command of many ancient languages, Boswell (1981) provides ample evidence of same-sex relationships that existed across the social classes during the times when the Greek and Roman Empires flourished. Contrary to current popular belief, gay love existed in early Christian communities as well. He demonstrates convincingly that there is nothing in Biblical or early Christian writings that condemn love between same-sex individuals. Several phenomena, however, are postulated to have contributed to the gradual shift in attitude against gay love.

During the late Roman Empire, the fourth through the sixth centuries, there was an increasing absolutism of Roman government resulting from the abandonment of joint rule by emperor and senate. Boswell (1981) contends that such style of government tends toward greater control over aspects of personal life. During this period, too, the decline of the Roman nobility left greater power and authority in the hands of provincials and their barbarian allies whose cultural backgrounds were rural, not urban. In rural societies, family and kinship ties are

the primary social norm. Procreation and legitimacy are highly valued for survival and family authority tends to override whatever political authority may exist. This contrast with the moral codes of sexuality in cities that tend to emphasize personal purity and the importance of fidelity and exploitative relations between social equals rather than procreation and legitimacy. With the increasing ruralization that accompanied the decline of the Roman Empire, tolerance of sexual diversity decreased (Boswell, 1981).

Another factor contributing to a decrease in tolerance of gay love was the development of moral traditions that had major impacts on early Christian sexual attitudes (Boswell, 1981). Dualism, the belief that good and evil forces war for control of man's soul, dualism depreciated all forms of sexuality as distracting the soul from spiritual ends. Another was stoicism, which condemned sexual excess and saw procreation as the proper end of sexuality. Christianity, the official religion of the Roman Empire from the fourth century on, became a conduit through which the narrow morality of the later empire reached Europe. Boswell (1981) points out; however, that Christianity was not the author of this morality.

By the time of the Middle Ages, beliefs about social forces in much of Western Europe were summed up by a powerful idea, *Vox Populi Vox Dei* – "The voice of the people is the voice of God." This popular idea had the effect of justifying the majority's preferences. Thus, if a majority of people disliked gay people, then so must God. Such a rationale later provided support for the persecution of "witches," Jews, and other minority groups, gays among them.

Finally, Boswell (1981) points to the tendency throughout Western history to blame catastrophe on outcast or minority groups. The most blatant example of this at work in our own time, of course, was the terrible persecution of Jews, gays, gypsies, and a couple of other small minorities in Western Europe following the fall of the Weimar Republic in Germany that precipitated the dissolution of the economic structure.

Considering Boswell's arguments above, it is not surprising that until very recently, gay people in our own society have been objects of scorn and misunderstanding. With increasing urbanization, however, and the much-publicized breakdown of the authority of family, the universal tendency for some men and women to sexually desire and love others of the same-sex has found a more hospitable climate for gay expression. The following sections of this chapter present a summary of the current thinking in the fields of sociology and psychology on the expression.

The Phenomenon of Homosexuality

The issue of how widespread is the phenomenon of homosexuality can be viewed from several perspectives. Freud (1905) viewed it, in part, as an expression of the universal human tendency that stems from a biologically-rooted bisexual disposition in people that gets expressed in homoerotic phases during the process of development toward mature heterosexuality. Certain vestiges of homosexuality remain in all heterosexuals, he believed, while those who become established as homosexuals do so as a consequence of remaining arrested at an

immature developmental stage. However, Carrier (1980) determined that cross-cultural data show that the ways in which individuals organize their sexual behavior varies considerably between societies and that biological and psychological factors help explain variations in patterns of sexual behavior among individuals within a given society. Data on homosexuality, especially among non-Western societies, is hard to come by, states Carrier; however, he identifies three types of societies according to how they tend to approach the issue of homosexuality. There are: (1) those that accommodate homosexuality, (2) those that condemn and outlaw it, and (3) those that do neither, but that have cultural formulation that tries to ensure it does not exist (Carrier, 1980). Ours is a society that has condemned and outlawed homosexuality, particularly male homosexuality, thus stigmatizing those individuals who are homosexual and usually negatively affecting the lifestyles homosexuals adopt (Weinberg, 1973). Male homosexual couples have suffered from society's disapproval and lack of support ranging from personal physical attacks to organization discrimination such as lack of housing opportunities in various cities (Levitt & Klassen, 1974).

Another approach to an investigation of the prevalence of homosexuality has been research into the phenomenon of ambisexuality in animals. Denniston (1980) exposed several misconceptions: (1) homosexuality in not uniquely human; (2) it occurs in every type of animal that has been carefully studied; (3) it has little relations to hormonal or structural abnormality; and (4) it is behavioral

preconditioning that is directive of homosexual behavior, with hormones playing a permissive or generalized activating role.

In our own culture, Kinsey (1948) found that about ten percent of white American males were more or less exclusively homosexual for at least three years between the ages of 16 and 55 and four percent were exclusively homosexual throughout life. He also discovered that thirty-eight percent of American males engaged in homosexual behavior at some time during their life. Kinsey's figures have been replicated elsewhere (Schofield, 1965) although a truly accurate set of figures is difficult to obtain.

Theories of Homosexuality

Tripp (quoted in Nobile, 1979) pointed out that "the potential for homosexual behavior is consistent in every society. . . its expression determined by specific cultural supports or restrictions" (p. 36). Tripp went on to discuss how a society that values traditionally masculine character traits such as bravery, courage, and individual "derring do," usually shows a high incidence of homosexuality. Furthermore, societies with high birth rates usually have a high incidence of homosexuality, indicating, perhaps, that the moral structure of a society has an influence on sexuality generally. When anti-sexual edicts are relaxed, sexual exploration tends to increase with a consequent rise in the birth rate. He pointed out that idealization and subsequent eroticisation of male attributes takes place under such circumstances. He further pointed out that our

society's vigorous homosexual potential is held down because of specific taboos against it and by various heterosexual expectations and encouragements.

Tripp also believed that heterosexual conditioning usually begins at a very early age, so early that the child is rarely aware of social pressures against homosexuality. "Sexual preferences are learned in response to the lure of real or imagined advantages, not, as psychiatry has thought, in response to dominant mothers, neglectful fathers, or fears of something else. You don't like blondes because you hate brunette" (Tripp, quoted in Nobile, 1979. p. 37). Moreover, he pointed out that if hormones, genes, or other biological influences were significant influences, then homosexuality would be more stable cross-culturally, like left-handedness, instead of varying as it does. The removal of homosexuality as a diagnostic category in the American Psychiatric Association's classification of mental disorders in the early 1970's was an important step toward a sex positive view of homosexuality.

The basic argument for the psychological theories is that there has been parental interference at Freud's pre-Oedipal or Oedipal stages of development. This theory states that either due to unresolved separation anxiety resulting in the boy transferring both his dependency and sexual needs to his father (to avoid fear of engulfment and annihilation from mother), or on the oedipal level, to abnormal resolution of the oedipal complex as a result of fears that have been engendered by excessive parental discipline, which culminates in the boy's development of a generalized inhibition of assertiveness and an inability to assume the masculine

role (Ovesy & Woods, 1980). Compatible with this line of thinking is the viewpoint popularized by Irving Bieber and his associates (1962) that stated when the family constellation is comprised of a close-binding, intimate mother and an absent or distant father, the family unit is apt to produce a homosexual orientation in their son. Homosexuality happens when a boy chooses not to abandon his loyalty to his mother while concurrently seeking the safety and intimacy (commraderary) with other men that he failed to receive from his father.

As stated earlier, Sigmund Freud was one of the early proponents of the theory that all humans are basically bisexual due to the initial nonspecific nature of the sexual impulse's object choice. Constitutional factors and/or experiences, he believed, determine how the sexual impulse becomes focused toward a predominant heterosexuality or homosexuality (Freud, 1905). He was also one of the first prominent theorists to challenge the concept that homosexuality is a form of degeneracy, arguing that in many homosexuals the only deviation is their homosexuality and that their overall functioning is unimpaired. Despite these viewpoints, Freud laid the groundwork for succeeding theorists to characterize homosexuality as pathological with his theory of the development of relations, that is, interpersonal relationships, in correlation with the oral, anal, and phallic states of development (Freud, 1905). Simply put, he saw the child as evolving from autoerotic and narcissistic stages to a stage of being able to be interested in and to love others. Applied to the development of a male homosexual, he argued that the autoerotic phase continues in part and the ability to love another is

attained, but only on a narcissistic level. Thus, he seeks an object similar to himself.

Another approach to the conceptualization of the development of a homosexual orientation is based on the ideas of sexual identity formation. Marmor (1980) postulates that a masculine identity is more difficult to achieve for men than is a feminine identity for women because dependency patterns are more easily achieved than are those of competitiveness, vocational competence and self-reliance that are traditional for men. Homosexuality for men, he argues, may result from an inability or unwillingness to attain the traditional masculine identity, a view supported by Becker (1973) who states, "Today we generally see homosexuality as a broad problem of ineptness, vague identity, passivity, helplessness – all in all, an inability to take a powerful stance toward life" (p. 118). Becker is speaking of male homosexuality. Pleck (1981), however, contends that many studies fail to find significant differences in traits associated with masculinity between male homosexuals and their heterosexual counterparts.

One may note that the above theories stem largely (1) from a position of perceiving homosexuality as evidence that something has gone wrong in the development of those who are primarily homosexual in their orientation, and (2) from a heterosexual male viewpoint. The report of the most recent Kinsey Institute study on the subject, *Sexual Preference: Its Development in Men and Women*, found no support for any of the traditional theories as a result of their extensive survey of gay men and women, many of who explained their sexual

orientation in the terms that they were "born this way" (Bell, Weinberg, & Hammersmith, 1981). Therefore, the researchers raised the question as to whether there may be, broadly speaking, a biological explanation, that homosexuality may be like left-handedness, a deviation from the norm, but not pathological. Stated another way, homosexuality may be natural outgrowth of the human potential for diversity.

Pulitzer Prize winning sociobiologist Wilson (1978) provides a compelling argument, which he labels the "kin-selection hypothesis," that provides support to those gay people who believe simply that they are born as homosexuals. In essence, he argues that patterns of human sexuality have evolved over many thousands of years, and mostly from the hunter-gatherer societies that have existed over this huge span of time, instead of from the civilized societies that have existed only within the relatively short 10,000 year period leading up to the present. Furthermore, the patterns, through natural selection, get passed along over generations through the gene pool. To the question about how genes predisposing their carriers toward homosexuality can spread through succeeding generations if homosexuals have no children, he responds:

One answer is that their close relatives could have had more children as a result of their presence. The homosexual members of primitive societies could have helped members of the same sex, either while hunting and gathering or in more domestic occupations at the dwelling sites. Wilson continued his thesis by stating that any particular man, freed from the special obligations of parental

duties, would have been in a position to operate with special efficiency in assisting close relatives.

> They might further have taken the roles of seers, shamans, artists, and keepers of tribal knowledge. If the relative . . . were benefited by higher survival and reproduction rates, the genes these people shared with the homosexual specialists would have increased at the expense of alternative genes. Inevitably, some of these genes would have been those that predisposed individuals toward homosexuality. . . Thus, it is possible for homosexual genes to proliferate through collateral lines of descent. (Wison, 1978, pp. 150-151).

As possible support for his kin-selection hypothesis, Wilson cites the work of Heston and Shields on heredity and twin studies (monozygotic twins vs. fraternal twins), which suggests that the predisposition for homosexuality may be inherited although not absolutely. Instead, the expression of this inherited predisposition may be influenced by family environment and early sexual experience, neither of which need be negative, as has so often been proposed (Wilson, 1978).

The relevance to this study of theories about the etiology of homosexuality in men is twofold. Those that define homosexuality as pathological have supported the culture's fear and condemnation of gay men and their relationships, thus adding a major difficulty to the efforts of gay men to establishing successful lover relationships. The more neutral theories provide a value-free

characterization of homosexuality that does not pronounce gay men as deficient in their capacity for creating and sustaining primary sexual and affectional relationships.

Theories of Male Sexuality

One of the more intriguing questions about human sexuality is whether or not the genders differ in their overall experience of sex, and, if so, are the reasons due to socialization or to biological/physiological factors or to a combination of the two. Of particular relevance to this proposed study, therefore, is the issue of male sexuality and how the combination of two men relating sexually affects their health choices.

Donald Symons (1979) begins his study of the evolution of human sexuality by taking the position that mating behavior of any species has produced marked sex differences in sexuality. The reasoning behind his stand is that the female's eggs represent a greater investment in each offspring than the male's sperm cells do. For a male, his reproductive success is determined by the number of eggs he fertilizes, not by the amount of sperm he produces. A female, however, has a much greater investment in each fertile mating since it can result in a full pregnancy and considerable time in raising the offspring; thus, females show caution and selectiveness in courtship. Since the male's investment is not as great and since his reproductive success depends on impregnating the female, he shows aggressiveness in courtship and a willingness to mate with many females. This is particularly true of non-human mammals where the female's investment in

offspring usually is very great in comparison with the males'. In Symons' terms, the great majority of mammals are "promiscuous/polygamous."

Among humans, Symons cites the following as the primary gender differences in sexuality: (1) Intrasexual competition is generally more intense among males than females. (2) Men incline toward polygamy whereas women are more flexible. (3) In connection with number (1), men, almost universally, experience sexual jealousy of their mates, whereas for women, jealousy is not as intense. (4) Men are much more apt to be sexually aroused by the sight of a desired partner or his or her genitals. (5) Physical characteristics, especially when correlated with youth, are by far the most important characteristic in a partner for a man, whereas for a woman political and economic prowess is more important. (6) Men, far more than women, are apt to desire a variety of sexual partners for the sake of variety. (7) Cross-culturally, copulation is considered to be a service or favor offered to the man by the woman, regardless of the true nature of the pleasure received by either (Symons, 1979, pp. 27-28).

To suggest that all men need or desire variety in sexual partners would be a gross oversimplification. It has been suggested (Symons, 1979; Trivers, 1972; Wilson, 1978) that the varying degree of desire for variety may, in part, be a function of the differing levels of status which individual men attain; a high-ranking or handsome man may tend to desire a number of sexual partners, whereas a low-ranking or ugly man may be content with one. It may be hypothesized that this theory could explain what has been described as the clone-

like dress and appearance which many gay men presently seem to affect, the correct dress and grooming (for example, goatees and closely cropped hair) being an attempt to attain the highest standards of current attractiveness and acceptability while masking or minimizing any of one's less desirable physical features.

Masters and Johnson (1966) found that monotony was the single most important factor in a husband's loss of sexual interest in his wife. Furthermore, sex with a younger woman, even if she is not as expert a lover as his wife, tended to increase that husband's sexual interest at home. Adultery for women, however, is postulated as being derived from a comparison between a potential partner and her husband and indicates that she perceives the potential partner to be superior in some significant way or that she is dissatisfied with her marital relationship or both (Masters and Johnson, 1966; Zola, 1981). While men, too, make these comparisons, a man's sexual desire for a woman to whom he is not married is largely the result of her not being his wife (Symons, 1979).

There is not universal agreement on the validity of the above conclusions. For example, there are challenges to Kinsey's (1948) findings that men are more easily aroused by visual stimuli, namely that sexual repression in women accounts for this difference (Symons, 1979). Symons also notes that the difference between the sexes in the frequency of premarital intercourse is diminishing, although the difference in the variety of premarital partners does not seem to be lessening, men continuing to have sex with a greater variety of partners (Symons,

1979). The differences between the sexes in terms of the likelihood of engaging in extramarital sex has diminished among the youngest age group (under 25) according to one national survey with 32% of the husbands and 24% of the wives engaging in extramarital sex (Symons, 1979). Could the widespread use of contraceptives that reduce the risk of pregnancy be a significant factor in the increase of female extramarital sexual activity? Whether or not it is, and despite the increase in female extramarital sex, men still tend to differ from women in their motivation for extramarital sex. That is, they pursue it out of desire for diversion, fantasy fulfillment, or variety (Symons, 1979; Zola, 1981), whereas women, overwhelmingly, want sex with feelings, not just for its own sake or with a variety of partners, although some single feminists thought they ought to want spontaneous sex and would be happier if they did achieve it (Hite, 1976).

Robert May, (1980) argues that there are characteristic male and female patterns of fantasy that shape life experiences. The male pattern is concerned with pride, involving attitudes and wishes that include an inflated view of oneself, a vulnerability to feelings of shame and inadequacy, a high esteem for will and willpower, and an urge to achieve something special, whereas female patters center around caring and attachment. Thus, the male's fantasy patterns make him suited for success in the world of work and achievement, and render him vulnerable in intimate relationships. This is a rather stereotyped assessment of men and women; however, it raises questions about whether or not gay male

relationships may be weak in terms of caring and attachment, or about whether gay male relationships manifest elements of both male and female patterns.

Margaret Mead's conclusions regarding male sexuality parallel May's view of male fantasy patterns. Her approach to understanding male sexuality focuses on the boy's awareness of himself as different from his mother and other females who can produce babies in a direct, intelligible way. For the boy to attain any comparable sense of personal productivity, he must turn away from himself, enter the outside world and produce in it, finding his expression through the bodies of others. Initially, the boy may feel equipped for the task with his readily perceived and prized penis. But the assurance is short-lived as he comes to realize that, because he is a little boy, he is not ready to act. Mead contends that this sense of uncertainty never really ends. The child his wife may bear is never the absolute assurance to him as it is to her; therefore, he needs to reassert himself in the external world through his achievements and his relationships with others (Mead, 1949, 1967). Again, such an assessment should fit male sexual identity.

Another female view of the development of male sexuality is offered by Kay Tooley (1977). She argues that male babies have a more difficult time than female babies from the first years of life on, resulting in their being less well prepared for interpersonal relationships. First, they may suffer physical rejection as a result of mother's feeling guilty over stimulating physical arousal while handling or bathing them. Secondly, because they are more restless and mobile from birth, they tend to get hurt earlier and more often than do little girls.

Therefore, boy babies tend to feel more pain and thus more anger toward the physical world at a time when "world" is insufficiently differentiated from mother.

Unlike the little girl who enters school life with confidence, the little boy hesitates, seeing it as less friendly even than the home he is leaving. He retreats and focuses his need for pleasure and self-approval on his body, specifically his penis; thus, his preference for part-object relationships. He turns his interest away from the world of people to that of objects and things. In this relatively isolated state, the little boy feels that his penis is all he has, so he treasures it and worries about it, resulting, by adulthood, in the penis carrying a heavy responsibility for the whole range of self-esteem and pleasure possibilities so that its functioning is a source of great anxiety. Gratification of another is seen as potentially diminishing his possibilities for being gratified. Thus, relationships are seen as potentially hurtful and frustrating, and, contrary to women, men prefer to terminate relationships and withdraw rather than work to improve them. In the aggressive dog-eat-dog world which men conceptualize, their own well-being comes at the expense of another (Tooley, 1977). Such a theory, if she applied it to homosexual men, would tend to suggest great obstacles for them in attempting to nurture and sustain coupling relationships.

Alan Gross (1978), following Gagnon and Simon (1973), takes the viewpoint that sexual behavior is acquired largely through experience and socialization and, thus, the differences between male and female sexuality are a

function of the distinct sex role socialization that occurs. With respect to men in Western cultures, he identifies two male sexual themes: (1) Sex is perceived as more enjoyable and important for men than for women. Several studies support his (Peplau et al., 1977; Rainwater, 1965). The central importance of sexuality is masculine identity, which is seen as contributing to this theme (Kinsey et al.., 1948; Mead, 1949). That is, men are socialized to be sexual (Spada, 1979). (2) Men tend to isolate sex from other aspects of their life, especially from intimacy (Peplau, 1981). Why? Because sex is a defense against vulnerability in the form of dependency when coupled with intimacy, which does not match the internalized masculine ideal (Fasteau, 1974). Secondly, women are viewed unfavorably; thus, intimate relating, especially for men unsure of their masculinity, is potentially stigmatizing (Broverman et al.., 1972). Other socialization factors that Gross identifies as having direct effects on the Western male's sexuality are success orientation, the need for power and control, and aggression and violence as they are associated with manliness.

Gay Male Sexuality

One of the first points to be made in an investigation of gay male sexuality is that gay men are as diverse as any large population of individuals in terms of the role sex plays in their lives, how they express their sexuality in particular sexual behaviors, the types of relationships they have, and how they feel about themselves as sexual beings (Bell & Weinberg, 1978; Spada, 1979). In spite of the many differences among gay men with regard to sexuality, a significant

majority of gay men do rate sex as a very important part of their lives and view it as an indicator of self-worth (Spada, 1979). That is, how attractive one is to other men and how successful one is in sexual relationships contributes to the feelings of self-worth for most gay men. However, for most gay men sex is, above all, a source of fun, pleasure, recreation and communication. "The enjoyment of the experience is at the root of gay male sexuality" (Jay & Young, 1977, p. 437). One study concluded that sexuality might be less of an issue in homosexual relationships than has been commonly believed (BeCecco & Shively, 1978). These researchers saw power and dependency needs as more significant for homosexual couples although dependency needs were less readily acceptable, possibly because of their association with feminity.

The sexuality issue that seems to stir the most controversy among both homosexuals and heterosexuals is that of the frequency and relative ease with which gay men related sexually to each other. Marmor (1980), referring to data from Bell and Weinber's study (1979), states that male homosexuals tend to be relatively "promiscuous" in sexual behavior. While asserting that homosexuals are as diverse psychologically as heterosexuals, he argues that promiscuity for homosexuals may lie "in some of their common underlying psychodynamic patterns... fear of interpersonal commitment, intimacy or responsibility..." (pp. 269-270). This conclusion, unsupported by data, might be a remnant of the dated psychiatric formulation that argued that homosexuals are developmentally

immature and, therefore, are incapable of responsible, intimate and committed interpersonal relationships.

The view which has much greater currency is that the male homosexual desire for variety in sex partners is a function of their being men, not homosexual (Hoffman, 1968; Kinsey, 1948; Siliverstein, 1980; Symons, 1979). Dorothy Parker summed up this male quality in the following way:

> Women wants [sic] monogamy;
> Man delights in novelty.
> Love is woman's morn and sun;
> Man has other forms of fun.
> Woman lives but in her lord;
> Count to ten, and man is bored!
> With this the gist and sum of it,
> What earthly good can come of it?
> (1926)

What makes it possible for gay men to have relatively more sexual partners than the average heterosexual man is the factor of two men relating, that is, the availability of willing partners (Marmor, 1980; Spada, 1979; Symons, 1979). Spada (1979) found that 60% of the gay men in his survey enjoy one-night stands on a more-or-less regular basis and that most of these men spoke of the

pleasurable variety found in a large number of partners[1]. The variety of sexual partners does not, however, imply that gay men want or find their sexual experience to be cold or mechanical. Again, in Spada's survey, 90% of the respondents prefer affection to accompany sex, even if it is sex with a relative stranger. Jay and Young (1977) found similar results – 90% of the men wanted affection with their lovers and 88% with sex partners in general.

Suppe's (1981) impression differed in that he perceived the orgasmic activity as often quite prolonged and that "sustained arousal is the desideratum... For a substantial portion of homosexual males, arousal seems far more important than ejaculation" (p. 81). Many have continued to describe homosexuality as a variety of behaviors. Stoller (1975), for example, pointed out that people of all sorts of personality types prefer homosexuality as their sexual practice. Goode and Troiden (1980) reminded us that too often in the past, homosexuality has been conceived of as a uniform entity, its contrasts with heterosexuality exaggerated, and similarities within homosexuality overemphasized. An exploration of the variability of homosexual lifestyles is an extremely recent topic among researchers (Tripp, 1975), and variation in modes of homosexual expression needs to be more thoroughly addressed (Bell & Weinberg, 1978). At the same time we consider variety, however, it must be pointed out that people who cling to the idea that homosexuals are utterly indifferent from the rest of humanity may be in for a surprise. Peplau (1981) observed that lesbians and gay men do in fact have

[1] Thirty percent of his respondents do not enjoy one-night stands, finding them meaningless and unfulfilling.

unique experiences, some stemming from membership in a socially stigmatized group, but for the most part, the continuum of male (and female) behaviors is seen across both homosexual and heterosexual populations. What these figures mean relative to the emotions men tend to have while being physically affectionate with their lovers or sex partners is not all clear.

Silverstein (1980) discusses gay male sexuality as the combination of two independent forces in conflict. The first is the historic inheritance of masculinity partly determined by the traits of aggression, power, dominance, and competition, and the second is love for another man. The first amounts to what he terms the "cult of masculinity," which demands sex with another person for fulfillment of such drives as conquest over another and pursuit of another, while the second, homosexuality, is an emotional need for another man to love. The different goals of the two forces in many gay men, one might hypothesize, may contribute to the challenge that gay men face in forming stable, intimate relationships.

In conclusion, available data on the sex lives of contemporary homosexuals may have far-reaching implications for understanding human sexuality. These data imply that male sexuality and female sexuality differ much more profoundly than might be inferred from observing only sexuality in general and heterosexuality in specific. For example, that there is a substantial male homosexual market for pornography while little for lesbian market (outside of heterosexual fantasy play). This suggests that the tendency to be sexually aroused by "objectified" visual stimuli is simply a male tendency, not, as is often claimed,

an expression of contempt for women. Similarly, the tremendous importance of physical attractiveness and youth in determining sexual desirability among homosexual men implies that there are relatively "innate" criteria. Knowledge of a potential partner's characteristics – via brief conversation – can sometimes diminish a male's sexual interest by interfering with his fantasy; but a female's sexual interest not only is not diminished by, but also usually requires both some knowledge of the partner's characteristics and some prior emotional involvement. The tendencies to experience profound changes in perception following orgasm, to focus on the genitals in sexual activity, and to desire and enjoy sexual variety also appear to be male proclivities, manifested by homosexual men to unprecedented degree only because their behavior is not constrained by the necessity to compromise with women. Symons makes the point clearly when he observes that gay male sexuality is actually male sexuality in heightened form.

Male sexuality apart, gay men have notoriously held different beliefs and behaviors that separates itself from heterosexual practices. Most notably is anonymous sex. Reasons for this differs but Harry and DeVall (1978) suggested that through a fostering of belief in an unrealistic dichotomy between intimacy and promiscuity, gay society has been represented as one that can rarely fulfill the goals of its members. This expectation serves as a self-fulfilling prophecy, "inducing gay men to forego the possibilities of intimate sexual or friendship relations for a life-style of hundreds of sexual encounters" (p. 62). Weinberg and Williams found that forty-three percent of their subjects had visited a psychiatrist

regarding their promiscuous sexual behavior (1974, p. 196). In referring to the "paradigm of promiscuity," Stoller (1975) discussed the idea that the interest of the promiscuous individual is in seduction, not love, with excitement coming not from the sensual pleasures of the sexual act nor the intimacy that he might have established with another person. Rather, "His unending, frantic need to prove himself – his gratification only in numbers of conquests – reveals that his body is more in the service of power than or eroticism" (Stoller, 1975, p. 57), a point that might well be true of all men regardless of sexual orientation.

Shainess (1983, p. 52) adopted a similar position when he stated,

> Conquest is all, and once achieved, there is usually no further interest in the partner, or it may extend to active dislike. Conquest is the major defense against feelings of inadequacy, but immediately after. . . feelings of self-hate and dirtiness take over, and the temporary exultation of success rapidly shifts to despondency, then self-contempt, and then the whole effort at denial by conquest starts again.

Because sex is not always connected with intimacy, some suggested that sex has become a substitute for intimacy for some individuals, more appealing to those individuals because of its temporary nature and consequent emotional safety (Froman, 1985). Gershman took this logic one step further in suggesting that sexuality is sometimes used to avoid intimate or caring relationships, particularly among compulsive homosexuals, where sexuality is the precursor to a subsequent relationship that may occur. And even when the relationship should occur first,

the sexual needs evaporate (1983). Froman explained this behavior by stating that for many gay men, sex was their first experience of external validation. Upon discovering that they could not only be accepted for who they were, they also discovered they were actually sought after. Thus, sex and validation become nearly synonymous (1985).

Wilkins (1981) supported this explanation when he found that coupled partners possessed higher self-esteem, more stable affect, warmth, and mastery over impulses. They were also more upwardly mobile and, as Bell and Weinberg (1978) demonstrated, tested no differently from heterosexual males on most psychological test. Wilkins further showed that "cruisers" significantly reflected more insecurity, acting out tendencies, emotional liability, impaired superego controls, higher sociopathic potential and were more prone to guilt. She concluded "one would have to place [cruisers] lower on the mental health scale as compared with the coupled group" (Wilkins, 1981, p. 90).

Harry and DeVall (1978) demonstrated similar findings, and believed that "while the pattern of anonymous self-presentation is sufficient for the negotiation of brief and impersonal sexual encounters, it is an obstacle to the development of more enduring relationships (p. 34). They pointed to what they see as a basic conflict between the "norm of anonymous self-presentation" and the development of such forms of social organization as friendship, love relationships, and participation in gay cultural or political associations. In their study, they found that emotional intimacy revealed a "modest significant negative relationship" with

number of sex partners (p. 43). They also found that both age and marital status were related to emotional intimacy. Age, they hypothesized, was associated with a deromanticization of attitudes toward sexual relationships, with older individuals expressing less romantic attitudes, suggesting a parallel to the deromanticization of affectional relationships that occur among heterosexuals in or out of marriage (Blood & Wolfe, 1960). Although Harry and DeVall (1978) admitted that the causal status of the self-esteem variable in their data remains unclear, they argue that negative attitudes toward other gay men may give rise to a disinterest in paired intimacy and to a pattern of many impersonal sexual encounters.

Peplau (1981) continued in this direction by studying relationship satisfaction in gay men and lesbians. She argued that homosexual relationships should not be patterned after heterosexual ones, and that the only reason the "role-playing" stereotype persists is because it has seldom been subjected to scientific scrutiny. Her study revealed that people's relationship values clustered around two basic themes: "Dyadic attachment" which reflects value placed on emotionally close and secure relationships versus a more open, less permanent relationship, and a personal autonomy theme which reflected a quest for independence manifested in assigning high value to major interests outside the relationship and a supportive group of friends (p. 33).

Her conclusion was that relationship satisfaction is probably less related to whether or not the relationship is exclusive or open, and more related to why and how the partners arrive at whatever their particular pattern is going to be.

> Sometimes [it seems] a secure and rewarding primary relationship may be enhanced by the novelty and excitement of an outside liaison. But sexual exploration may also stem from dissatisfaction with the primary partner, and sexual liaisons can create new difficulties (Peplau, 1981, p. 37).

Kurdek and Schmitt supported this claim when they found that partners in the two types of relationships (open and closed) did not differ in psychological adjustment (1986).

Regardless of the reasons behind homosexual promiscuous practices or whether open or closed relationships are interpersonally better, the greatest influence on the sexual behavior of gay men and their subsequent partnering has been and continues to be the impact of AIDS.

The Rise of AIDS

Researchers do not know how many people developed AIDS in the 1970s, or indeed in the years before. Neither is there universal agreement concerning where the AIDS virus originated. But Mann stated what is generally agreed upon when he stated:

> The dominant feature of this first period was silence, for the human immunodeficiency virus (HIV) was unknown and transmission was not accompanied by signs or symptoms salient enough to be noticed. While

> rare, sporadic case reports of AIDS and sero-archaeological studies have documented human infections with HIV prior to 1970, available data suggest that the current pandemic started in the mid-to late 1970s. By 1980, HIV had spread to at least five continents (North America, South America, Europe, Africa and Australia). During this period of silence, spread was unchecked by awareness or any preventive action and approximately 100,000- 300,000 persons may have been infected (Mann, 1989, p. 22).

Kaposi's Sarcoma (KS) was a rare form of relatively benign cancer that tended to occur in older people. But by March 1981, approximately eight cases of a more aggressive form of KS was diagnosed among young gay men in New York while about the same time there was an increase, in both California and New York, in the number of cases of a rare lung infection Pneumocystis carinii pneumonia (PCP) (Hymes et al., 1981). The CDC, concurrently noticed that there was a high number of requests for the drug *pentamine*, used in the treatment of PCP (Gottlieb et al., 1981). These reports are sometimes referred to as the "beginning" of AIDS, but it might be more accurate to describe it as the beginning of the general awareness of AIDS in the United States. A few days later, following these reports of PCP and other rare life-threatening opportunistic infections, the CDC formed a Task Force on Kaposi's Sarcoma and Opportunistic Infections (KSOI). Around this time a number of theories were developed about the possible cause of these opportunistic infections and cancers. Early theories

include infection with cytomegalovirus, the use of amyl nitrite or butyl nitrate "poppers" and "immune overload" (Gottlieb et al., 1981)

Because there was so little known about the transmission of what seemed to be a new disease, there was concern about contagion, and whether the disease could by passed on by people who had no apparent signs or symptoms (Darrow, 1991). Knowledge about the disease was changing so quickly that certain assumptions made at this time were shown to be unfounded just a few months later. For example, it was reported by the CDC that the contagion was not found outside the homosexual community or in women. But five months later, the *New York Times* found that the disease was becoming prevalent in injecting drug users (Masur et al., 1981).

During this time, the disease did not have an official name. The CDC called it lymphadenopathy (swollen glands), while some linked the disease to it's initial occurrence in gay men and referred to it as GRID (gay-related immune deficiency) (Brennan, 1981). By August, the disease was being referred to by its new name of AIDS (Marx, 1982). The word AIDS was an abbreviation of Acquired Immune Deficiency Syndrome. Doctors thought "AIDS" suitable because people *acquired* the condition rather than inherited it, because it resulted in a *deficiency* within the *immune* system, and because it was a *syndrome*, with a number of manifestations, rather than a single disease (Connor & Kingman, 1988). But despite the name change, little was known about the disease's transmission and public anxiety continued to grow.

By the end of 1982, many more people were taking notice of this new disease, as it was clearer that a much wider group of people would be affected. A turning point in terms of public perception occurred when it began turning up in children and transfusion recipients. Up until then it was entirely a gay epidemic, and it was easy for the average person to say "I do not care." Now everyone could relate (Kamradt et al., 1982). The pool of possible infected people widened when it was reported that the disease could be passed on heterosexually from men to women (Vass, 1986). The sense of urgency was greatest for hemophiliacs, which studies linked to the disease (Connor & Kingman, 1988).

In May 1983, doctors at the Institute Pasteur in France reported that they had isolated a new virus, which they believed was the cause of AIDS. Little notice was taken of this announcement at the time, but a sample of the virus was sent to the CDC and a few months later the virus was named lymphadenopathy-associated virus or LAV (Mann et al., 1986).

Meanwhile there continued to be concern about the public health aspects of AIDS. This gay related disease found obvious prejudice as newspaper headlines began referring to hemophiliacs as the "innocent victims" of AIDS whereas gays and drug-users were seen as having brought the disease upon themselves (Wellings, 1988).

Fear and rumor continued to spread with the emergence of Patient Zero. In 1984, a French-Canadian flight attendant named Gaetan Dugas was linked to a number of different cases that the CDC was investigating. Researchers, for

purposes of anonymity referred to him as "patient O" for "Out of California" (Darrow, 1991). But some individuals read this designation as "patient zero" and the myth that this man was the source of the pandemic was widely publicized by the media.

ACT UP soon founded and committed itself to direct action to end the AIDS crisis. The organization's demands included better access to drugs as well as cheaper prices, public education about AIDS and the prohibition of AIDS-related discrimination. They adopted the motto "SILENCE=DEATH" and to many people it became the symbol of AIDS activism. But despite ACT-UP's efforts, the media and popular culture still saw AIDS as a gay related disease. Perhaps the most recognizable symbol for AIDS during the 1990s was the red ribbon that signified support for people living with HIV/AIDS. Circuit parties also emerged during this time promoting safe sex and donating money earned from the events to go towards AIDS research.

Meanwhile scientists had found that HIV resides primarily in lymph nodes and similar tissue during earlier exposure to the virus (Kolata, 1993).

> The virus lies concealed for a decade or, so quietly seeding the destruction of the immune system, the researchers found. The finding resoundingly solves a mystery of AIDS: where does the virus secrete itself during the decade or so after an initial infection when patients feel well and little virus can be detected in their blood? (Kolata, 1992).

Later that year, the CDC announced that in the US, AIDS had become the leading cause of death among Americans aged 25 to 44. "The dramatic rise is due to the accumulating toll from AIDS and is almost certain to continue because of AIDS deaths reflect infections from HIV, the AIDS virus that were acquired several years earlier" (Altman, 1995). But good news was just around the corner.

At the start of the 11th International Conference on AIDS, the air was electric with excitement and anticipation about the findings on combination therapies to be reported during the meeting (Andriote, 1999). Some scientists even declared that: "aggressive treatment with multiple drugs can convert deadly AIDS into a chronic, manageable disorder like diabetes" (Maugh, 1996). One doctor suggested that giving combination therapy to patients in the first few weeks of infection, might mean that the virus could be completely eliminated in two or three years (Alcorn, 1996). Early in 1997 it was reported that for the first time since the AIDS epidemic began in 1981, the number of deaths from the disease had dropped substantially across the US (Brown, 1997). In the city of New York the decline was even more dramatic with the number of people dying from AIDS falling by about 50% compared to the previous year (Brown, 1996). The number of babies being born HIV positive had also declined dramatically and a number of studies were published which showed that HIV could not after all be eradicated by two or three years of treatment, even if three drugs were taken and the treatment was strictly followed (Brown, 1997).

But while the disease seemed to be retreating in the United States, worldwide it was far from over. In 1997, it was also estimated that 2.3 million people died of AIDS - a 50% increase over 1996. Nearly half of those deaths were in women, and 460,000 were in children under 15. UNAIDS reported that they considered that in terms of AIDS mortality the full impact of the epidemic was only just beginning (Pear, 1997). Worldwide, 1 in 100 adults of the 15-49 age group were thought to be infected with HIV; and only 1 in 10 infected people were aware of their infection. It was estimated that by the year 2000 the number of people living with HIV/AIDS would have grown to 40 million (UNAIDS, 1997).

The "Life Jacket"

The use of condoms during the 1990s and the resulting changing behavior of gay men reflected the scare associated with HIV and the transmission of the AIDS virus but also a means of saving ones life. In 1993, on World AIDS Day, Benetton, in collaboration with ACT UP Paris, placed a giant condom the obelisk in *Place de la Concorde* in Paris in order to waken the world to the reality of the disease. A symbolic monument to prevention from HIV infection, it appeared on the cover of newspapers worldwide. In the United States the Centers for Disease Control launched a series of AIDS advertisements breaking away from their previous low-key approaches. The advertisements focused on the use of condoms, which were rarely seen or even mentioned on American television.

> One of the television ads, entitled Automatic, features a condom making its way from the top drawer of a dresser across the room and into bed with a couple about to make love. The voice-over says, 'it would be nice if latex condoms were automatics. But since they're not using them should be. Simply because a latex condom, used consistently and correctly, will prevent the spread of HIV (Stine, 1996, p 236).

As a result of these efforts, Hunt et al. (1993) reported that the uptake of condoms by gay and bisexual men ranked as one of the most dramatic health protective behavioral changes ever-recorded in history. Within a decade, condom use rose 78% among gay and bisexual men (Connell et al.., 1989; Doll et al., 1991; Fitzpatrick et al., 1989; Martin, 1987; Weatherburn et al., 1991). Research demonstrated that condom usage was more highly used during casual gay encounters as opposed to regular partners, that there was a far greater tendency for younger men to use them then older men, and that urban men used them more then rural men (Hunt et al.., 1993, Weatherburn et al.., 1991).

Despite the change in behavior among gay and bisexual men in the late 1980's and early 1990's, Weatherburn found that approximately a third of gay men did not employ condom usage into their sexual behavior. Reasons for this ranged from strategies to maintain the integrity of primary relationships to being under the influence of alcohol/drugs or there being no condom available at the time of penetration. Yet Weatherburn et al.. (1993) noted that alcohol/drug use and lack of condom availability do not seem sufficient to explain non-use.

Ekstrand (1992) believed that only qualitative research could determine these "lapses" of judgment or lack of more sophisticated negotiations.

Riding Bareback

Mark Blechner stated that the term barebacking comes from the equestrian world, where riding bareback is wild, dangerous, and fun. But as in most semiotic cases, the word takes on a new meaning under various circumstances. For gay men in the 21st century, the term barebacking symbolizes the creation, maintenance, and management of multiple identities (Yep et al., 2002). If, as Weeks (1985) states, sex is the cement that binds people together, then the adoption of a sexual identity becomes important from a collective as well as personal definition of self. And if as Foucault (1980) argues, sexual identity has become a fundamental social category, then one certainly assumes that the gay identity, with its very existence defined by sex, becomes a social force that not only defines the individual, but also creates the foundation for which a person constructs their reality. It is perhaps for this reason, that when a man "comes out" of the proverbial sexual closet, he must accept an identity and conversely strive to define himself either apart from or part of that definition.

But part of the difficulty of the gay identity is that it is constantly fluid: it is ever evolving, growing, and changing (Yep et al., 2002). And as Sarup notes, it has less to do with being then with becoming (1996). Just as the earlier discussion focused on "safe sex," a term used as a result of the AIDS epidemic, the antithesis of the term "unsafe sex" conversely emerged. The practice of

unsafe sexual intercourse among gay men became known as barebacking: along with it, a possible new identity.

In applying an intersubjective systems perspective, Donna Orange treats the barebacking phenomenon as a conversation about meanings between a "willingness to die and willingness to risk the death of others. . . just as we would engage with a person who remain in a seriously abusive relationship, a parent who hits or criticizes a child though 'knowing better,' [or] a person in the grip of a serious addiction" (1996, p. 45). Thus, what may appear to some as being totally incomprehensible may in fact be quit rational from the subjective approach of the participant. In addition, Orange stresses the communicated societal belief that only "high risk takers are seen as bringing great rewards, and that those who take only moderate risks are seen as losers" (1997, p. 93).

Stephen Halpert (1999) takes this intersubjective systems perspective further when he discusses purported suicide rates among gays and lesbians in general and hypothesizes that "higher rates of suicidal behavior among gay male youth are not due to a homosexual orientation per se, but to the societal hatred and prejudice inflicted upon gay youth (p. 16). This suicidal behavior becomes ingrained into the worldview of the young gay man and leads to detrimental sexual practices such as barebacking.

"Why," asks Julian, "why after untold billions have been spent on the prevention by every imaginable organization for every demographic, after 15 years of emotional street corner stumping on the issue, after all that death and

illness and agony gay men have experienced do we continue to engage each other in anal sex without a condom?" (1997, p. 11). Regardless of the reasons, two suggestions can empirically be discounted. One, is ignorance as Aspinwall and associates noted, "knowledge about AIDS has been consistently found to have little or no relation to risk-reduction behavior (1991, p. 432). And the second is accident (from drugs, alcohol or the "passion of the moment") as Julian reported in a study for the San Francisco AIDS Foundation that many men "had already made up their minds to engage in unprotected anal intercourse" (1997, p. 12). Thus the importance of this investigation is to gain understanding of the barebacking phenomenon from a communication perspective.

This discussed the rise of unprotected anal intercourse in gay men post-AIDS epidemic. A historical overview of the western view of homosexuality was presented and how that view caused deviations in sexual promiscuity and the resulting spread of the AIDS virus among gay men. In addition, a section was presented talking about the rise of AIDS, changes in the sexual practices among gay men as a result and the use of condoms or safe sex. The next section focused on the growing rise of a backlash to safe sex referred to as barebacking. The phenomenon was discussed according to public health models and communication health models but it was argued that none of the aforementioned theories adequately explains this growing popularity associated with risky sex practices.

Theoretical Tradition

Socio-Cultural Tradition

This tradition holds social order as its centerpiece and argues that communication is the foundation upon which society exists (Littlejohn, 2002). Conversely, the shared systems of beliefs, values, language, political economy, and various other institutional arrangements make communication possible (Babrow & Mattison, 2003). Communication supports and reproduces these arrangements. The sociocultural perspective defines communication as "a symbolic process that produces and reproduces shared sociocultural patterns" (Craig, 1999, p. 144). This tradition also suggests that the individual is a product of society, that every society has a distinct culture, and that the actions and influences of that society have unintended effects back on the individual.

Socio-Psychological Tradition

The sociopsychological tradition focuses on those aspects of communication that include expression, interaction, and influence (Craig, 1999). Researchers address problems and challenges in which outcomes need to be manipulated. The discourse of this tradition accents behavior, variables, effects, and interaction. Concepts of individual personality, traits, behaviors, social judgments, and feelings are of primary importance in communicative influence. The sociopsycholgical tradition is "a process in which the behavior of humans or other complex organisms expresses psychological mechanisms, states, traits and, through interaction with similar expressions of other individuals, produces a range

of cognitive, emotional, and behavioral effects" (Craig, 1999, p. 143). According to Littlejohn (2002), the sociopsychological tradition stands most in opposition to claims that people are rational, that individuals know what they think, and that perception is a clear route to seeing what is real.

Action Assembly Theory

It would be limiting as a researcher to assume that a good theory should fall only within one tradition. If anything, social science research and theory building is complicated and often messy. Craig's work was not intended to build walls around the various communication traditions but rather to establish "something to agree and disagree about-and that 'something' is communication" (1999, p. 135). Craig views the traditions of communication as different ways of conceptualizing and problematizing the field. So it would be wrong to say that all human communication, and the theorists that analyze it, should fit neatly into one tradition or the other: some theories of human communication "straddle the fence" of the various traditions. One such theory, which combines elements of both the sociopsychological and the sociocultural, is Action Assembly Theory.

Developed by John Greene, the theory of Action Assembly (AAT) focuses on human behavior, broadly construed, but with particular emphasis on the sorts of verbal and nonverbal behaviors that people produce in interactions with others. The theory is guided and constrained by four ubiquitous properties of social behavior (Dillard & Pfau, 2002; Greene, 1983, 1995). First, behavior is at once creative and yet comprised of recurrent elements. Individuals act in structured,

often predictable ways, yet elements of creativity or unpredictability can happen. Second, people act on the basis of the meanings they attach to inputs such that as one's interpretation of the social setting, behavior of the other, and so on, changes, so too will the responses that the individual exhibits. Thus, behavior changes from situation to situation based on various meanings. Third, while behavior ultimately consists of a very large number of efferent commands specifying motor movements, our phenomenal experience of behavioral control involves much more abstract action specifications. And fourth, while most actions or behaviors are planned (conscious), some are unplanned (unconscious).

In understanding why this theory encompasses both the sociocultural and sociopsychological traditions, Greene proposes that all human actions, whether it is speech, persuasion, nonverbal practices or any other behavior, is a product of an "assembly" of associative networks. The foundation of the assembly is what Greene refers to as the *procedural record* (Greene, 2002). Imagine the foundation being constructed of four concrete blocks: the *code system* or symbolic representations of events that vary in abstraction; *strength* or frequency; the *elemental nature* or a lexical representation of an event; and *modularity*. This, according to AAT, states that each event is held to be structurally independent of other events (hence each communication event is in some form unique from all others). Each of these blocks that represents the "foundation" of a behavior stems from the sociocultural tradition in that all representations, lexical representations, and abstractions are culturally based and/or (re)enforced. The second foundation

of AAT consists of elements; *activation* and *assembly*. Activation is the process in which particular behavioral features are retrieved from memory and an assembly process by which activated features are integrated to form a coherent representation of action-to-be-taken. These are the constructs of action that we as individuals have developed over the years. The second layer of the foundation is representative of the sociopsychological tradition. According to Action Assembly Theory, both layers rooted in two distinct communication traditions ends up producing an *output representation* or, any given behavior at any given moment.

Elwood et al. (2003) used Reasoned Action theory to study barebacking among safe sex compliance in bathhouses. Their study provided a qualitative description using TRA to explain the behavior of barebacking. They reported a norm of silence in bathhouse public areas; this norm facilitated efficient and anonymous sexual encounters but precluded the ability to negotiate condom use verbally.

The purpose of this section is not to present a theoretical framework in which to study barebacking. For that, this dissertation will use the theory of psychological reactance. Rather, this section is designed to demonstrate that the theoretical domains employed by communication scholars today do not always fit neatly into the boxes of a particular tradition, as explicated by Craig (1999). Instead, there can and may often be overlap of one tradition with another that results in a new communication theory (as shown through Action Assembly Theory. In addition, this section is submitted to provide a foundation, or

foundations, in which to situate this study. The next section deals with the theoretical domain from which the empirical endeavor stems, that domain is health communication.

Theoretical Domain

The reality of health communication research suggests that individual health-related behaviors (such as barebacking) are influenced by a diverse set of messages or interactions across multiple levels of communication at several time points. This has traditionally run counter to the paradigm of reductionism and attempts to analyze health communication processes as a whole (Witte, 1996). Given this, the theoretical domain of health communication sits squarely upon the philosophical foundation of systems theory.

The Nature of Health Communication

Health communication is defined as the exchange, transmission, perception, and/or internalization of health-related information, within varying social and physical environments, regarding factors that influence health and/or health related behaviors (Kreps, 1988; Kreps & Thornton, 1992; Northhouse & Northhouse, 1992; Ray & Donohew, 1990; Roper, 1993). The exchange and transmission of health information occurs among and between individuals, dyads, groups, organizations, and the mass media. The exchange of information implies a two-way flow of information, while the transmission of information implies a one-way flow of information. Similarly, communication about health is perceived and internalized by individuals. In the perception process, individuals selectively

expose themselves to, and selectively attend to, incoming verbal and nonverbal stimuli, which they interpret and organize in idiosyncratic manners. Incoming messages are internalized when people make a decision about a message (i.e., adopt or reject it) and then integrate this decision into existing cognitive and affective belief systems for future reference. Communication about health occurs within a social and physical environment. Health-related information refers to any information via any channel that is pertinent to an individual's mental, physical, emotional, and spiritual well-being. Similarly, health-related behaviors refer to any actions or non-actions that influence an individual's mental, physical, emotional, spiritual well-being. Health is defined as a state of complete physical, mental, emotional, and social well-being, and not merely the absence of disease and infirmity (Witte et al., 1996; World Health Organization, 1958).

Why Health Communication

Brashers and Babrow state that "health communication is among the most complex, challenging, and potentially rewarding areas of scholarly inquiry" (1996, p. 243) due to the profound, visceral, palpable and elemental nature and importance of health for body, mind, and society. Cheuvront claims that the current public health situation

> Merits serious analysis of risk-taking. . . and requires [scholars and health practitioners] to examine the fundamental issues of sexual experience and the ways they have shifted during different periods of recent history. Without this perspective, we run the risk of assuming that there are simple

> truths involved in determining behavior and of losing an empathic perspective on the experience of young gay people coming out today (1996, p. 243).

Blechner encouraged researchers to look at the broader social picture. Witte et al. would conquer when she argues for a "radical reconception of both health care and health communication" (1996, p 229) that addresses both individual and societal well-being.

Surrounding Issues

Continuing this vein of rationality, Klingle explored Reinforcement Expectancy Theory (RET) as it relates to health communication. Central to RET is the premise that human behavior is driven by the need to gain rewarding stimuli and eliminate aversive ones. Klingle's research looked at the communicated messages between patients and physicians in general and specifically sought to study how "physicians shape patients' communication reinforcement expectations and, in turn, motivate and guide patients' present and future actions" (1996, p. 208). RET views communication as a potent motivational stimuli and applies well-accepted reinforcement principles to predict the most effective use of communication to improve initial compliance, long-term adherence, and behavioral persistence. Accordingly, messages must be viewed by the receiver as having high positive reinforcement expectations as well as viewed as high rewarding value. Similar to Skinner's Operant Conditioning, RET is derived on both intrinsic and extrinsic motivation including praise, modeling behavior,

positive reinforcement (and the threat of punishment), and communication of consequences.

The problem in applying Reinforcement Expectancy Theory to the phenomenon of barebacking is that the intrinsic/extrinsic rewards don't seem rational from a health communication perspective. As stated previously in this section, the motivations for unprotected anal intercourse among gay and bisexual men do not necessarily encompass a strict live or die argument; thus, the rise of barebacking over the previous five years. This leads some communication researchers to look beyond purely rational explanations for what appears to be irrational behaviors. One such theory is that of chaos.

Chaos Theory is the study of how initially random interdependent variables organize into stable patterns over time (Gleick, 1987; Goemer, 1993). Chaos theory argues,

> While certain particulars are unpredictable, the pattern produced by chaos is quite predictable and insensitive to initial conditions. For example, water boils with the same pattern, but many particulars (such as bubble size and location) are unpredictable and never happen the same way twice (Goemer, 1993, p. 46).

In applying Chaos to health communication, five major concepts are developed: 1) Sensitive dependence on initial conditions or a system will yield different outcomes for even minor differences; 2) period-doubling or the doubling of a complete cycle (i.e., a message is transmitted, perceived, and internalized-one

cycle that will continue to repeat itself, thus doubling that message that will then be double once more); 3) the notion of universality or that certain processes must remain constant across scale; 4) the X, Y, Z axis or the notion that three variables that are universal across scale in order to develop the overall pattern, and lastly 5) strange attractors or the "shape" that takes place in the relationship of the X, Y, and Z axis as the data overlap.

In applying Chaos Theory to communication, Witte et al.. (1996) added Interdependence into the equation. By this all variables work together to create a phenomenon. For example, people interpret information or messages received based upon their own personal schemata. Their own schemata are based upon social and physical environments, thus showing that the mind organizes information based upon other information previously obtained. Secondly, Witte et al. operationalize the X, Y, and Z variables to be Threat (is the perceived threat severe or serious, and am I at risk?), Efficacy (the amount of control the individual has to exert prevention of the risk or threat), and Barriers (the psychological, physical, or financial "cost" of performing a recommended response). Although the initial values of the X, Y, and Z variables can be perceived, they are still random and cannot be predicted due to the idiosyncratic schemas and belief systems the individual holds. Rather, the model predicts that a stable pattern will emerge from the influence of the axial relationships (1996)

The Chaos Theory model illustrates how consistent and stable patterns emerge from communication about a single threat (in this case, the consequences

of barebacking) and the model also demonstrates how consistent and stable patterns emerge from the communicated messages concerning a wide variety of threats to an individual. However, the problem with applying Chaos Theory to understanding why gay and bisexual men refuse to practice safe sex during the time of AIDS is that this model does not adequately acknowledge the presence of multiple socially-constructed realities or any pertinent ways of knowing what those are. Using Goemer's example of boiling water, it may be wonderful to know water evaporates in easily observed patterns without regard to the particulars of bubble size or location, but Goemer already understands that it is heat that causes the pattern to begin. Chaos theory may show that gay and bisexual men have certain behavioral patterns (a study that warrants merit in its own right), but for the purposes of this investigation, it is the socially-constructed realities (or, to use Witte's terminology, those unknowable schemata) which this study hopes to learn.

Another communication theory that may explain the rise of barebacking is the Health Belief Model (HBM) originally developed to provide an over-arching explanation of why people adopted or refused to adopt certain health behaviors. According to Becker et al. "people will not seek (preventative) health behaviors unless they possess minimal levels of health motivation and knowledge, view themselves as potentially vulnerable to the health problem, view the condition as threatening, are convinced of the efficacy of the 'treatment,' and see few difficulties in undertaking the action" (Biddle & Nigg, 2000, pp. 292-293).

Accordingly, these factors can be modified by various factors such as socio-economic status, media effects, and related illnesses/conditions of significant others, and other demographic factors. Numerous studies support the HB Model (Janz & Becker, 1984) but as a whole the model has been unsuccessful in predicting the adoption or maintenance of various health promotion behaviors. The HBM provides insight for the adoption of condom use and safe sex practices in the late 80s and early 90s but, like its application to other health promotion studies, fails to adequately predict and explain the rise in popularity of barebacking.

The same critique can be applied to Protection Motivation Theory (PMT) (Rogers, 1983) which provided a model stating that (1) perceived severity, (2) perceived probability, (3) perceived self-efficacy, and (4) efficacy of preventative behavior will all result in an intention to protect the individual thus resulting in protective behavior. Once again, this model takes into account a fundamental notion of rational human thought processes resulting in rational human behavior. HIV/AIDS transmission has high perceived severity (loss of financial stability, increased stigma, and possibly death), a relatively high perceived probability that if an individual engages in unprotected anal intercourse the probability is higher that he will contract the virus (compared to having safe sex), perceived self-efficacy results from the idea that all the individuals has to do is put on a condom or have his partner put on a condom and lastly the efficacy of the preventative behavior is fairly high too (condoms have a much higher chance of preventing the

spread of disease as opposed to not wearing a condom). Thus, according to PMT, most gay and bisexual men would be wearing condoms during intercourse. Thus, the theory fails to explain why barebacking is increasing among the before mentioned population.

Self-Efficacy Theory (SET) was proposed to understand and change behavior and has been well applied to various health communication studies (for a literature review see McAuley & Mihalko, 1998). SET explains behavior as a direct result of two variables (1) self-efficacy, or the belief that an individual has the power to perform and control a behavior that will result in an expected outcome and; (2) outcome expectancies, or the expected results stemming from the behavior. There are four factors that directly influence both self-efficacy and outcome expectations. They are, "mastery experiences (behavioral, modeling (cognitive), verbal persuasion (social) and interpretation of emotional/physiological arousal"(Biddle & Nigg, 2000, p. 296) (Bandura, 1997). According to Biddle and Nigg (2000), "the theory recognizes that self-efficacy beliefs and outcome expectancies need to be at the same level of specificity as the behavior itself. Further, the more specific a behavior is identified the stronger the relationships become, as there is less ambiguity" (pp. 296-297).

Researchers, especially in the exercise/health fields, have found SET a highly effective theory to explain behaviors associated with individual motivations (or the lack thereof) (Sallis & Hovell, 1990; Marcus & Owen, 1992; Nigg & Courneya, 1998). But, there has been an associated downside of the

model and that is its applicability across different investigations. Part of this may lie in the measurement of efficacy itself. Biddle and Nigg (2000) state that efficacy is not assessed (in SET) as a trait but is specific to each behavioral situation and that the theory relies on generalizability that is higher with more related behaviors. They use the example of a person with high efficacy for skiing will have similarly high efficacy for snowboarding as opposed to volleyball. This works well when comparing sport behaviors but what exactly compares to unprotected anal intercourse among gay and bisexual men? Thus, the universal applicability of SET is limited, thus far, to exercise behaviors.

A final theory to be discussed within the scope of the health communication construct is Social Learning Theory (SLT). SLT was officially launched in 1941 with Miller and Dollard's publication of Social Learning and Imitation. Their SLT incorporated the principles of learning: reinforcement, punishment, extinction, and imitation of models. Their book was written to explain how animals and humans model observed behaviors, which then became learned through environmental reinforcements. In addition, according to Miller and Dollard, human behavior was motivated by drives, and one organism's responses could serve as stimuli for other organisms. This work expanded on the reciprocal relationship between environment and behavior, while incorporating the beginnings of an internal mediating variable (in this case, drives) into the model. From Miller and Dollard's work came a flood of different versions of SLT. Subsequent work in the behaviorist field changed from a focus on the

development of theoretical models, to an emphasis on conducting empirical studies (Woodward, 1982). Currently there exists a subset of theories that are based on social learning principles and place an emphasis on cognitive variables. Whereas strict behaviorism supports a direct and unidirectional pathway between stimulus and response, representing human behavior as a simple reaction to external stimuli, the SLT asserts that there is a mediator (human cognition) between stimulus and response, placing individual control over behavioral responses to stimuli. While there are several versions of the SLT to which researchers currently subscribe, they all share three basic tenets (Crosbie-Brunett and Lewis, 1993; Jones, 1989; Perry et.al., 1990; Thomas, 1990; Woodward, 1982;). (1) Response consequences (such as rewards or punishments) influence the likelihood that a person will perform a particular behavior again in a given situation. Note that classical behaviorists also share this principle. (2) Humans can learn by observing others, in addition to learning by participating in an act personally. Learning by observing others is called vicarious learning. The concept of vicarious learning is not one that would be subscribed to by classical behaviorists. (3) Individuals are most likely to model behavior observed by others they identify with. Identification with others is a function of the degree to which a person is perceived to be similar to one's self, in addition to the degree of emotional attachment that is felt toward an individual.

As discussed earlier in this section, the adage of the first tenet falls short of rationale behavior as looked at within the desire to engage in unsafe sex practices.

It appears illogical to have unprotected anal intercourse for the sake of pleasure (reward) when the possible consequences are years of illness, the expense of medical health services, and the likelihood of death (all punishments). Therefore, it must be assumed that the cost/benefit ratio lies elsewhere within the behavior (see the section on Reinforcement Expectancy Theory). The second tenet of SLT also seems to fall short of an explanation of the barebacking phenomenon in the sense that the observed behavior never seems to materialize on a grand scale. For many gay and bisexual men over the past decade, the observed behavior through the use of vicarious learning has been the gay porn industry (which use safe sex practices), multiple media channels such as magazines and television shows (which promote safe sex practices), and peers and/or mentors (which may relate better to the third tenet of modeling behavior).

Theoretical Framework

Reactance Theory

The theory of psychological reactance proposes that when behavioral freedoms are threatened with elimination or reduction, individuals will be motivated to protect or restore their sense of freedom (Brehm, 1966; Brehm & Brehm, 1981). Attempts to restrict an individual's freedom often produce a reactive "boomerang effect," that is, an increase in the restricted behavior (Brehm & Brehm, 1981). In addition to directly engaging in the prohibited behavior, reactance can be expressed by observing others engaging in the behavior, by engaging in related behavior, or by engaging in aggression against the prohibitor

(Dowd, 1999). The theory proposes that reactance is a motivational force aroused when real or perceived personal freedoms are threatened, reduced, or eliminated. Reactance is directed toward the restoration of those freedoms and can be expressed in various ways (Brehm & Brehm, 1981). Individuals may directly engage in the prohibited behavior, receive gratification by observing others engaging in the behavior, or engage in aggression against the individual reducing or eliminating the freedoms.

Direct re-establishment of freedom that has been lost or threatened is the first way an individual can handle reactance. As mentioned previously, the greater the magnitude of reactance, the stronger the impulse to regain what was lost occurs. "In general, reactance will result in attempts at restoration of freedom when there is some equivocality about the elimination of the free behavior in question, or where there has only been a threat of elimination" (Brehm, 1966, p. 10). Direct re-establishment of freedom means engaging in the behavior one has learned one cannot or should not perform. For instance, if a child has normally been free to climb trees and is henceforth told to stop, the child will have strong reactance to climb trees and, conversely, engage in the behavior whenever possible with greater continuance. According to the first rule of reactance, a person who engages in freedom and has that freedom taken away will strive to relieve the reactance and resume the free behavior. This is negated when the loss of free behavior is irreversible, such as the death of a loved one or amputation of a body part. Remember, this fails to satisfy the first dictate of free behavior.

Re-establishment of freedom by implication occurs when the constraints of direct re-establishment are too great. Basically, this is a transference or substitution of one behavior (that which is prohibited) with that of another behavior. To use the earlier example of a child climbing trees, we see that the parents of this child have heavily punished the tree climber for disobeying. The penalties for engaging in this behavior are too great for the child so he or she must re-establish freedom by implication. Thus, the reactant child forgoes tree climbing and begins jumping on the beds or digging holes in the yard or sneaking around the neighborhood spying. This is often the cause of endless frustration for parents who hope that a child will end one dangerous activity; to their chagrin, the child replaces it with an activity that is equally or even more dangerous. This is also the type of behavior that smoking cessation programs utilized. Instead of smoking cigarettes, the programs say chew gum, eat candy, or twirl a pencil in your hands. They are encouraging you to re-establish the freedom associated with smoking by implication.

Why Reactance Theory

Originally, psychological reactance was theorized to be a social psychological, situation-specific construct, but studies have shown individual differences in the tendency to be reactant (Buboltz & Woller, 1997; Buboltz, Woller, & Pepper, 1999). In other words, people with certain personality characteristics seem to exhibit a greater tendency to be reactant in relation to their freedoms being restricted than others. For example, high levels of reactance have

been associated with paranoid, borderline, sadistic, and antisocial personality patterns (Huck, 1998). Highly reactant individuals also experience higher levels of stress and tend to use coping styles designed to relieve the emotional impact of stress (Palmentera, 1996). In summarizing the results of several studies (i.e., Dowd & Wallbrown, 1993; Dowd, Wallbrown, Sanders, & Yesenosky, 1994), Dowd (1999) stated that reactant people tend to be autonomous, dominant, lacking in self-control, not particularly tolerant, not particularly interested in making a good impression, and not seeking to care for others or to be cared for by others.

Over the years, however, the theory of psychological reactance has emerged as a dominant predictive force among social scientists regardless of the actual nature of reactant people. Dowd and Seibel (1990) proposed a theory of the etiology of reactance that focuses on the importance of parenting skills (i.e., consistency, unconditional acceptance, and support of separation and autonomy) in developing an optimal level of reactance in children, which is theorized to foster healthy identity development. Other studies have shown that parental divorce and poor functioning in the family of origin (i.e., frequent conflict, lack of communication, and low levels of cohesion) predicts difficulties with developmental task attainment for college students, including reactive emotional cutoffs from parents (Johnson & McNeil, 1998; Johnson & Nelson, 1998; Johnson, Wilkinson, & McNeil, 1995) and low levels of vocational identity (Johnson, Buboltz, & Nichols, 1999).

In the communication discipline, Brian Quick (2003) presented a paper at the NCA conference in Miami, Florida in which he used Brehm and Brehm's (1981) psychological reactance theory as a framework to present an analysis that revealed that most anti-drug print ads did not contain explicit threatening messages. His research indicated that most ads encouraged parents to get involved in their child's activities, communicate about drugs with their child, and monitor their child's activities while incorporating an informational/affectively neutral emotional appeal. The research examined links between the anti-drug print ads directed at parents and the degree of authoritative, authoritarian, and permissive parenting styles directed toward children. The results showed that the more authoritative parenting style resulted in higher reactance among children towards drug usage or a re-establishment of freedom by implication (substitution of freedom). In contrast, the more permissive parenting style that still maintained authority (I.e., the parent that allows freedom as long as the child must be home within curfew or call the parent for permission to stay out longer) did not try to re-establish a drug-use or drug-implication reactance (Quick, 2003).

It could easily be argued that psychological reactance is improperly named. Reactance is when a specific freedom is eliminated (perception) or threatened (communicatively implied) with elimination; the individual will be aroused to recover that freedom (Brehm, 1966). Thus, an action (elimination of a freedom) must be communicated before reactance is felt. Plus, reactance depends on the significance of the freedom given. Spitting on the ground is not that

significant but free speech is. The *meanings* of those freedoms are based in society and communicated socio-culturally to individuals. Secondly, when a person experiences reactance, he or she will tend to engage in an "equivalent" freedom or encourage another person to engage in the threatened or eliminated behavior (persuasion) (Brehm, 1966). Therefore the tenets of reactance are well established in the field of communication.

In addition, one could assume that the theory is a framework for a study of psychology instead of communication. This, however, would be shortsighted. Psychology as a science investigates the mental processes that lead to behavior. At no time will this paper investigate brain functions, chemical (im)balances, the firing of neuro-synapse (or lack thereof), or psychocartography when a gay or bisexual man engages in the behavior of barebacking. Nor will this paper psychoanalyze the mental nurturing of the individuals studied in this dissertation. What this paper will do is employ a traditionally held psychological theory and apply it to communication. This is not a new concept because many traditional psychological theories have been utilized and adapted in the field of communication, including constructivism (Delia) and cognitive dissonance (Festinger). Plus, being an interdisciplinary field, many of communication studies' most notable scholars have come from outside the field including Lasswell (political scientist), Lazarsfeld (mathematician), Lewin (psychologist), Shannon and Weaver (engineers), and Bateson (anthropology). So one must ask, what is a communication study and how does this proposal satisfy that definition?

"The difficulty in summing up a field like human communication is that it has no land that is exclusively its own. Communication is the fundamental social process" (Rogers, 1994). Wilbur Schramm, the "father" of communication study stated these words in 1930 and to a degree, the field still seeks an identity. But to be a communication study, an investigation must satisfy the definition of communication, fall within one of the seven traditions of the field, and address fundamental questions of how humans create and share meaning. This study meets all those criteria in the following ways. First, the definition of communication states that it is a "systemic process in which individuals interact with and through symbols to create and interpret meanings" (Wood, 2004, p. 9). This study looks at a practice in which gay and bisexual men engage on an interpersonal, group, and cultural level. Plus, since the practice of barebacking has both academic and societal importance, the systemic component of the definition is met. In addition, the study questions the attitudes, beliefs, and practices of individuals and how they interact with their sexual partners. The symbol used is barebacking. Mead calls a gesture, action, or behavior with shared meaning a *symbol* (1934). Society is made possible by these symbols. Society itself, according to Mead, consists of a network of social interactions in which participants assign meaning to their own and others' actions by the use of symbols (Leeds-Hurwitz, 1996). The study also seeks to understand what the symbolic behavior represents or means as a whole. A cultural meaning should emerge that

may help academics, health professionals, and members of the gay and bisexual community understand this growing communication phenomenon.

In addition to meeting the definition of communication, this study should also fall under the aegis of one of the seven traditions of the discipline (Craig, 1999). This investigation sits squarely within the socio-psychological tradition. The socio-psychological tradition looks for cause-and-effect relationships that will predict when a communication behavior will succeed, and when it will fail. In addition, this tradition seeks causal links through the framework of "who says what to whom and with what effect" (Griffin, 2003, p. 22). Carl Hovland was the founder of this tradition and it has been greatly employed among communication scholars in the study of persuasion, mass effects, credibility, and immediacy (Griffin, 2003, pp. 22-23). This study proposes to investigate the "boomerang effect" through communicative interactions thus making it a study within the tradition of socio-psychological (Anderson, 1971).

Operationalization of Issue

Quantitative Study

During the study of barebacking, which takes into account the influences and interactions between a scientific observer and the system being observed, Umpleby (1987) proposed a fundamental categorization for classifying various sciences into two groups in a research memorandum. According to Umpleby, science one is the science of observed systems while science two is the science of observing systems. The fundamental differences between these two kinds of

science should always be kept in mind. Beginning with the Heisenberg Principle, the illusion of believing in knowledge independent of the observer was established. The absolute authority of "objectivity" has been discarded at both the most microscopic level of elementary particles and the most macroscopic level of the cosmos. It should be noticed that the achievements of Heisenberg come from the field of physics, formerly believed to be the most objective of all the sciences.

The earlier discussion in this chapter on systems theory reached a similar understanding through the notion that all systems are part of other systems. It is impossible to prove positively that what we know is "the reality." All our knowledge is only the consistency and regularity that our system of cognition is able to achieve. In the area of the social sciences, Hu (1991) presented the Principle of Social Uncertainty which says: "The consistency or regularity of a social system obtained via the observer within a system, and the predictability of observations based on such consistency or regularity, is neither objective nor stable" (pp. 73-74). Keeping this notion in mind, a researcher must still make various ontological assumptions.

CHAPTER 3

METHODS

The purpose of this study was to examine the relationship between barebacking practices and reactance among gay and bisexual men. Survey research allowed for the largest sample while still being economical. While the Therapeutic Reactance Scale (TRS) has been supported in social science literature since the 1960s, a pretest was needed to adequately measure barebacking among gay and bisexual men. This chapter is written in two sections: 1) a pretest conducted during a circuit party that later resulted in the creation of the Bareback Thematic Scale (BTS) and 2) the actual study combining the TRS with the BTS that resulted in the main data collection for this dissertation. The next section discusses the origins of the pretest, the creation of the BTS, and its application to the study. The latter section focuses entirely on the method of this study's primary purpose of rebellion and barebacking.

Pretest

All of the study participants are known to share a common experience—self-identification as a gay or bisexual man who is regularly and currently sexually active. Each participant reported age, race, income, ethnicity, educational background, and relationship status.

Instrument

A questionnaire was the primary source of gathering data for the pretest. The instrument originally consisted of four parts (see Appendix A): 1) Informed

Consent, 2) a Likert-type scale measuring reactance to barebacking behavior 3) use of drugs and 4) demographic information. The latter two parts were for comparative data information.

The second portion of the instrument is the most important regarding the pretest. It consisted of 48 questions designed to measure reactance with regard to reasons gay and bisexual men bareback or have unprotected anal intercourse. The questions were designed as a result of the literature review, which discussed reasons why men engage in barebacking. The four main thematic reasons why gay and bisexual men engage in unsafe anal intercourse were: (1) physical discomfort associated with condoms or the heightened pleasure of barebacking; (2) thrill seeking or those men who enjoy the excitement of doing something so dangerous; (3) political reasons or those men who feel that safe sex is simply another annoying societal norm dictated by heterosexuals; and (4) intimacy seeking or those men who engage in barebacking because there is a psychological closeness associated with skin to skin contact (Toohey, 2002). The instrument measured each of these four thematic schemes as well as providing a measure for reactance (see Table 3.1).

Procedures

The instrument was given to 624 volunteers over a four-day circuit party in a major southeastern city. Of the 624 participants, 608 completed the instrument in its entirety. In terms of demographic qualities, 608 (100%) were male. The ethnic breakdown of the participants was: 85 (14%) African

Table 3.1
Pretest Factor Analysis of Reasons for Engaging in Unsafe Sexual Practices

Component Matrix [a]

	Component			
	1	2	3	4
DECREASE	.000	.863	-.441	.114
stress	.135	.321	.493	.177
hate	.000	-.227	.000	.931
choice	.978	-.103	-.139	.000
closeness	.978	-.103	-.139	.000
eroticism	.000	-.181	-.165	.000
interfers	.000	.847	-.328	.174
satisfaction	.000	.155	.000	.000
intimacy	.975	-.101	-.140	.000
stigma	.000	.862	-.439	.115
decreases	.000	.149	.000	.234
hot guys	.192	.252	.564	.000
increases	.000	-.200	-.330	.219
health	.000	-.289	-.267	.216
always	.221	.238	.692	.156
closeness	.509	.000	.000	-.181
rebellion	.978	-.103	-.139	.000
rather	.221	.238	.692	.156
voluntary	.135	.321	.493	.177
emotional	.000	-.227	.000	.931

Extraction Method: Principal Component Analysis.

a. 7 components extracted.

American, 42 (7%) Asian American, 334 (55%) Caucasian, 139 (23%) Hispanic or Latin, 8 (1%) Other. Sexual orientation of the participants was: 437 (72%) Gay, 139 (23%) Bi-sexual, 30 (5%) Straight. The mean age of the participants was 32.49 years, with a standard deviation of 5.58, with a range of 18 to 46 years.

Results from the study showed the mean, standard deviation, and reliability coefficient (Cronbach's alpha) of the BTS scale were 1.46, 0.17, and

.72, respectively. Although the instrument was shown to be moderately reliable, any number above a 20-item instrument would jeopardize response rates given the mindset of party-goers at the event where data were collected. Thus, the reliability coefficients of the BTS scale were low but adequate.

Data Analysis

Before analysis of the factor structure of the BTS could be undertaken, polytymous correlations were computed between items to correct for the fact that the BTS scale was not continuous (4-point Likert-type scale). Once the polytymous correlations were calculated, exploratory factor analysis was undertaken. Exploratory factor analysis was deemed most appropriate given the lack of previous quantitative research regarding the topic of study. It should be noted, however, that the initial items are based on the qualitative data surveyed in the literature review on barebacking.

Extraction of a factor structure using maximum likelihood extraction and oblique rotation revealed a four-factor solution. To create an instrument that examines the four factors, only the three items that ranked highest in the factor analysis were used in the BTS. It should also be noted that the second factor (eroticism) was broken down into subsections as a way to measure distinctions between physical eroticism and emotional eroticism. The pretest reliability for the final scale was: barebacking thematic scale (.68), physical discomfort (.70), thrill seeking (.67), political solidarity (.63), physical eroticism (.60), and emotional eroticism (.70).

Study

All of the study participants are known to share a common experience—self-identification as a gay or bisexual man who is regularly and currently sexually active. Each participant reported age, race, income, ethnicity, educational background, and relationship status.

Procedure

Data were collected at a major circuit party in North America during the 2004 calendar year in a diverse and large metropolitan city. The estimated attendance of the circuit party was 10,000 participants. A questionnaire was given to party attendants while they waited in line to enter the main party event. While in the line, the researcher asked attendees to fill out the questionnaire and provided them with the Informed Consent. Due to the "bottleneck" nature of the entrance line, it was relatively easy to get 2000+ surveys completed. Since none of the participants was rewarded (i.e., received money for participating), there was no incentive to fill out additional surveys.

This method of recruitment should produce a sample of at least 225 barebackers. 225 participants were needed to provide an economic sample—one that included enough participants to ensure a valid survey. Two factors have been taken into account for this goal: acceptable error and the expected magnitude of the population proportions (Glasser and Strauss, 1977; Moser and Kalton, 1972). With a sample error (SE) of .02 and the proportion of the population that has a particular characteristic (P'), in this case barebacking behavior which has been

determined in the latest study to be 10 percent of all gay and bisexual men (Mattison, Ross, Wolfson, & Franklin, 2001), the n' = 225 generates an economic sample.

The researcher sought to increase this number due to possible limitations of the sample population. Such limitations included drug or alcohol saturation of the party participants before entering the party. Those participants who appeared chemically incapacitated in the judgment of the researcher were allowed to take the survey but the data were later excluded from the analysis. Impairment conditions that excluded a participant were slurred speech, overt drunkenness, or "glazed eyes." Once an impaired participant returned the questionnaire, an "X" was discretely placed at the top of the Informed Consent page before being placed into a box storing all returned questionnaires. Fourteen questionnaires were excluded from the data analysis in this manner. In addition, because there is no incentive provided, if respondents were approached more than once, there was less likelihood of participants retaking the survey.

Instruments

Questionnaires were the primary source of gathering data for this study. The instrument consisted of three parts (see Appendix). The first part contained Informed Consent, the second part contained a Likert-type scale measuring reactance with regards to barebacking behavior, and the third part contained demographic information. The latter two parts are for comparative data. The second portion of the instrument is the most important regarding this study. It

consists of 67 questions designed to measure reactance with regard to reasons gay and bisexual men bareback or have unprotected anal intercourse. The four main thematic reasons why gay and bisexual men engage in unsafe anal intercourse are: 1) physical discomfort associated with condoms or the heightened pleasure of barebacking; 2) thrill seeking or those men who enjoy the excitement of doing something so dangerous; 3) political reasons, or those men who feel that safe sex is simply another annoying societal norm dictated by heterosexuals; and 4) intimacy seeking or those men who engage in barebacking because there is a psychological closeness associated with skin to skin contact (Toohey, 2002). The instrument measures each of these four thematic schemes as well as providing a measure for reactance.

Bareback Thematic Scale (BTS). The BTS includes four subscales that assess the socially constructed meaning of why gay and bisexual men engage in unprotected anal intercourse. Each subscale consists of three items rated from "*Strongly Disagree*" *to* "*Strongly Agree*." Higher scores indicate a higher level of the construct that is measured by each subscale. The subscales measure four sets of underlying dimensions (i.e., fear/relief, physical intimacy, emotional intimacy, and political solidarity).

The fear/relief dimension investigates how the fear of infection inhibited their behavior in the past to such an extent that their perceived quality of life has diminished to unacceptably low levels. The eroticism is comprised of two subscales, one measuring physical excitement and perceived heightened sexual

satisfaction, and the other measuring emotional excitement or connection. The final subscale is political solidarity or those who see their behavior as a politically charged action in response to the larger, homophobic culture that has stigmatized gay individuals as a whole and especially HIV-positive gay individuals as outcast, or the loneliness felt from the loss of lovers and friends who have moved on to a status they do not share (generally by them becoming HIV positive), or their willingness to enter a high-status group.

For the present study, the instrument achieved the following reliability levels: fear/relief (.68), physical intimacy (.71), emotional intimacy (.74), political solidarity (.67) and total scale (.70). The mean score and standard deviation for the instrument in the present study were: fear/relief (M = 4.2, s.d. = 2.23), physical intimacy (M = 5.13, s.d. = 1.99), emotional intimacy, (M = 4.50, s.d. = 1.62) political solidarity, (M = 5.02, s.d. = 1.70)and total instrument (M = 4.19, s.d. = 1.70).

The Therapeutic Reactance Scale (TRS). The Therapeutic Reactance Scale (Dowd et al.., 1991) is a 28-item instrument consisting of a total score and two factor analysis derived subscale scores labeled verbal and behavioral reactance. The instrument includes general statements regarding verbal or behavioral oppositional behavior. These are rated on a 4-point Likert type scale ranging from *strongly disagree* to *strongly agree*. Total reactance is determined by summing all items. The original sample had a mean total reactance score of

66.68 with a standard deviation of 6.59 with an internal reliability score of .84 (Dowd et al.., 1991).

Mean score of all participants for this study summed to 68.26, which is within the range (SD = 6.59) of the original sample (66.68) scored by Dowd (1991). At first glance, the participants in this study, as a whole, appear equal in reactance to the general population. After converting actual reactance scores into categorical data, the mean of all participants fell within one standard deviation of the general population (68.26). Thus, the sample of gay and bisexual men was not more or less reactant than the general population. Approximately 20% of all participants were classified low in reactance while approximately 10% were classified as high in reactance. Internal reliability for the instrument was .78 in the present study.

Data Analysis

The data were subject to calculation of simple frequencies and percentages. A binary measure of unsafe sex was computed from the questions asking for number of instances of unprotected anal intercourse (insertive and receptive). Levels of barebacking were cross-tabulated with measures of reactance, and Pearson r, chi-square tests, logistic regression, and independent sample t-tests were used to evaluate the relationship, if any, between reactance and barebacking. All statistical analysis was done with SPSS version 12.

Participants

2036 volunteers participated in this study over a four-day circuit party in a major southeastern city. Only those instruments that were completed in their entirety were placed into SPSS for analysis. In terms of demographic qualities, 2036 (100%) were male. The ethnic breakdown of the participants is as follows: European heritage 1027 (50%), African heritage 436 (21%), Asian heritage 144 (7%), Native American and Ocean heritage 218 (11%), Hispanic 211 (10%)[2]. Sexual orientation of the participants was as follows: 1405 (69%) Gay, 550 (27%) Bi-sexual, and 81 (4%) Straight. The mean age of the participants was 34 years, with a standard deviation of 6 years and a range of 18 through 54. Mean income self-reported among all participants was $48,000 per year. Concerning education level, 30% had no college degree, 45% did have a college degree and 23% had an advanced degree (which includes Master's degree, Law degree, Professional degrees, and Doctorates).

Demographic frequencies revealed that among those men who engage in unprotected anal intercourse 19% are under 25 years of age, 18% are between the ages of 25 to 33, 31% are 34 to 41 years of age, while 32% (the largest category of barebackers) are 42 years old or older. In contrast, those men who were classified as non-barebackers, 26% were reported to be 25 years old or younger, 27% were between 25 and 33 years of age, 34% were 33 to 41 years of age while

[2] It can be assumed that due to the city in which the data were collected, and the fact that Latin heritage was omitted on the questionnaire, a large percentage of the participants from this category are from Hispanic or Latin decent.

13% were 42 years of age or older. Demographic information in the race category revealed that the highest percentage of barebackers were of European decent (55%) while Latin decent was the second highest at 35%. Asian barebackers were the lowest at 1% while African and Native American barebackers were at 5% and 3% respectively. Among the non-barebacking participants, 49% were of European decent, 28% were of African decent, 14% of Native American decent, 9% of Asian decent and less then 1% were of Latin decent. Income reveals stark contrast as well with roughly 82% of all barebackers in the study making between $15,001 to $35,000 per year.

Self-identified sexual groupings were extracted with "tops" assuming the insertive position 75% or more of the time, "bottoms" assuming the receptive position 75% or more of the time, and "versatile" assuming both insertive and receptive positions between 25% and 75% of the time. Among non-barebackers, 14% were tops, 39% were bottoms, and 48% were versatile. Among barebackers: 13% were tops, 36% were bottoms, and 50% were versatile.

In addressing the issue of safe sex (barebacking), a question was asked, "How often do you wear a condom during sexual intercourse?" The results (Fig. 3c) ranged on a score from None (0%), Rarely (25% or less), Occasionally (25% to 50%), Often (50% to 75%), Mostly (75% to 99%), and Always (100%). The results show that 10% of the participants in the study never wore condoms or practice safe sex while 11% always practiced safe sex. The vast majority of

participants are more fluid in their condom usage with a vast majority wearing condoms 50% to 89% of the time.

Some gay and bisexual men who are in relationships forgo the use of condoms during anal sex. The questionnaire asked whether the participants were currently in a relationship and the length of that relationship in years. Results found that a majority (57%) of the partygoers were in fact in a relationship while 43% implied that they were currently not in a relationship. The researcher wanted to know if there was a significant difference in condom usage between those participants in a relationship compared to those participants that are not in a relationship. There are no significant differences ($\underline{X}^2 = 2.20$, $\underline{p}$ = n.s.). Since there was no significant differences between gay and bisexual men who were in a relationship compared to those not in a relationship, all participant scores were used in the rest of the data analysis.

In asking the question concerning whether drugs affect judgments concerning safe sex, 55% of all barebackers agreed or strongly agreed. Concerning whether alcohol affects judgments concerning safe sex, the responses were evenly split with 51% agreeing or strongly agreeing.

In asking the question among barebackers whether they know someone who currently has HIV/AIDS, 67% responded in the affirmative. Of those same participants, 47% stated they knew someone who has died of HIV/AIDS. 67% of the participants who are barebackers know someone who has contracted

HIV/AIDS from barebacking while 32% believe that they will actually contract HIV/AIDS from practicing unsafe anal intercourse with other men.

In questions identifying the barebackers' connection with the gay community or as a gay man, 33% stated they are proud to be members of the gay community. 67% describe themselves are being gay while 31% described themselves as being bisexual. Of the 564 barebackers, 50% are self-described as versatile while 13% are tops and 36% are bottoms.

In this chapter the study's methods are presented first showing a pretest, which provided an invaluable instrument later used in the dissertation's main data collection. A discussion of the methodology was then presented along with participant population data. The section first dealt with demographic data in general and then sub-divided the population into barebackers/non-barebackers. Reactance scores were also measured as well as various responses to the questionnaire that will provide interesting discussion in Chapter 5. In Chapter 4, Results, the research questions and hypotheses are presented via reference to the quantitative data.

CHAPTER 4

RESULTS

In this chapter the study results are presented and analyzed in five sections. First, hypothesis 1 is tested to determine whether a correlation exists between reactance and the tendency to engage in barebacking behaviors. Second, hypothesis 2 is tested to determine whether there are significant differences between self-identified gay men who engage in barebacking and self-identified bisexual men who engage in barebacking with regards to reactance levels. Section three seeks to address the research question about significant demographic differences among gay and bisexual men as a group that could predict the tendency to engage in unprotected anal intercourse or barebacking. Section four addresses research question 2, which measures the socially constructed reasons why gay and bisexual men engage in barebacking. This section is sub-divided into four hypotheses, each measuring a unique social construction (fear, physical intimacy, emotional intimacy, and political solidarity). The last section of the chapter seeks to uncover communicated messages that may influence gay and bisexual men to engage in unprotected anal intercourse. Categorical variable codings and block classifications are used to measure the strength of agreement or disagreement regarding messages sent/received, various demographic differences/similarities, and ethical considerations. Section five focuses on data mining in order to address this research question.

Table 4.1
Tukey Testing to Determine Barebacking Status

actscore

Tukey HSD[a,b]

		Subset for alpha = .05	
wear condom	N	1	2
Often	455	67.3495	
Mostly	446	67.4731	
Always	219	67.6530	
Occasionally	352	67.7131	
Never	219		69.5799
Rarely	345		70.5681
Sig.		.974	.307

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 310.690.

b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

Hypothesis 1

Hypothesis 1 asked if there was a correlation between overall reactance measures and barebacking. A Pearson r test showed that there is no significant correlation between reactance and barebacking (r = .037, p = n.s.). This test is misleading. One-way ANOVA was used to look for variance among the participant population to describe any differences in the nature of the groups. Among homogeneous subsets, two distinct groupings where found (see Table 4.1). According to a Tukey test, those who never and rarely wore a condom during sexual intercourse were statistically significantly different from those who occasionally, often, mostly, and always wore a condom. Based upon these

findings, the "barebacking" category was expanded to include "rarely" and "never" into the data analysis.

With the recoded grouping, Tukey was used to find significant differences among the population of barebackers and reactance scores. At a 95% confidence level, significant differences exist between the levels of reactance of those men who engage in unprotected anal intercourse and those who do not. While the average mean for the population as a whole is equal to 68.26, the reactance scores of the barebacking group was 68.52 while the non-barebacking group was 67.99. It should be noted that while the difference is statistically significant the margins are truly small.

For all gay and bisexual men, those men who have higher reactance scores are 27% more likely to engage in unprotected anal intercourse than with low reactance scores. It should also be noted that although the barebacking scores are higher in reactance then the non-barebacking scores, neither are considered "high reactance" because all mean scores fall within one standard deviation of the reactance mean (6.08).

Hypothesis 1: Gay and bisexual men who engage in unprotected anal intercourse (barebacking) will have statistically significant higher levels of reactance then gay and bisexual men who practice safe sex is supported (Table 4.2).

Table 4.2
Comparison of Barebackers' and Non-Barebackers' Reactance Scores

Multiple Comparisons

Dependent Variable: actscore

Tukey HSD

(I) wear condor	(J) wear condor	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Never	Rarely	-.98821	.51591	.393	-2.4598	.4834
	Occasionally	1.86684*	.51392	.004	.4009	3.3328
	Often	2.23046*	.49110	.000	.8296	3.6313
	Mostly	2.10681*	.49271	.000	.7014	3.5122
	Always	1.92694*	.57064	.010	.2992	3.5546
Rarely	Never	.98821	.51591	.393	-.4834	2.4598
	Occasionally	2.85505*	.45238	.000	1.5647	4.1454
	Often	3.21867*	.42628	.000	2.0027	4.4346
	Mostly	3.09502*	.42813	.000	1.8738	4.3162
	Always	2.91515*	.51591	.000	1.4435	4.3868
Occasionally	Never	-1.86684*	.51392	.004	-3.3328	-.4009
	Rarely	-2.85505*	.45238	.000	-4.1454	-1.5647
	Often	.36362	.42387	.956	-.8454	1.5727
	Mostly	.23997	.42573	.993	-.9744	1.4543
	Always	.06010	.51392	1.000	-1.4058	1.5260
Often	Never	-2.23046*	.49110	.000	-3.6313	-.8296
	Rarely	-3.21867*	.42628	.000	-4.4346	-2.0027
	Occasionally	-.36362	.42387	.956	-1.5727	.8454
	Mostly	-.12364	.39788	1.000	-1.2586	1.0113
	Always	-.30352	.49110	.990	-1.7043	1.0973
Mostly	Never	-2.10681*	.49271	.000	-3.5122	-.7014
	Rarely	-3.09502*	.42813	.000	-4.3162	-1.8738
	Occasionally	-.23997	.42573	.993	-1.4543	.9744
	Often	.12364	.39788	1.000	-1.0113	1.2586
	Always	-.17987	.49271	.999	-1.5853	1.2255
Always	Never	-1.92694*	.57064	.010	-3.5546	-.2992
	Rarely	-2.91515*	.51591	.000	-4.3868	-1.4435
	Occasionally	-.06010	.51392	1.000	-1.5260	1.4058
	Often	.30352	.49110	.990	-1.0973	1.7043
	Mostly	.17987	.49271	.999	-1.2255	1.5853

*. The mean difference is significant at the .05 level.

Hypothesis 2

Hypothesis 2 sought to measure the extent of difference in reactance levels of gay men who bareback and bisexual men who bareback. The number of participants in this study that were categorized as barebackers is 564 and the number of participants in this study that were categorized as non-barebackers is 1471. A t-test was used to measure significant differences between self-identified gay men who do and do not bareback and self-identified bisexual men who do and do not bareback. The results indicated that there were not statistically significant differences in reactance levels between bisexual men who bareback ($t = .415$, $p =$ n.s.).

Hypothesis 2: Significant differences do not exist in reactance levels among gay men and among bisexual men who do and do not bareback is not supported.

Research Question 1

Research question 1 sought to examine the tendency to bareback using demographic differences between gay and bisexual men who are sexually active. Overall results found that there are no differences in any demographic category among men who bareback and men who regularly practice safe sex with the exception of one category: race. Test of Between-subjects effects measuring barebacking and race, with reactance scores being the dependent variable, the results show a significant relationship between race and barebacking ($F = 8.32$, $p = .000$, adjusted $R^2 = .08$). Pairwise comparisons demonstrated that the

significant differences existed only among the European descendent category so the data were recoded to better reflect this trend. The race data were recorded as follows: European decent was recoded as "White" (n = 1027) and all other race categories were recoded as "Non-white" (n = 1009). For the occasionally, often, mostly, and always categories, there were no differences based upon race; for the never and rarely, the barebacking categories, there were statistically significant differences with Whites who never wear condoms reporting higher reactance scores ($\underline{M}$ = 76.94 compared to $\underline{M}$ = 68.96) and non-whites who rarely wear condoms reporting higher reactance scores ($\underline{M}$ = 75.66 compared to $\underline{M}$ = 69.64).

In trying to understand this model, the researcher hypothesized that being in a relationship might explain the difference. However, after running a between-subjects effects test, holding reactance score as the dependent variable and looking for relationship status, the effects had no significant difference ($\underline{p}$ = .401). Thus, wearing a condom has no relation to whether a person of European decent is in a relationship.

Research question 1 sought to understand the tendency to bareback based upon demographic differences between gay and bisexual men who engage in barebacking and those men who do not. The only prediction that can be made with 95% confidence is that men of European decent are more likely to engage in unprotected anal sex than all other categorized races or demographic factors.

Hypothesis 3

Hypothesis 3 sought to measure the socially constructed reasons of fear/relief, physical intimacy, emotional intimacy, and political solidarity among gay and bisexual men who engage in unsafe sexual practices as to the strength of those beliefs for the behavior. Four hypotheses were constructed to address each of these issues.

3a: Higher fear scores leads to increased barebacking.

3b: Higher physical intimacy scores leads to increased barebacking.

3c: Higher emotional intimacy scores leads to increased barebacking.

3d: Higher political solidarity scores leads to increased barebacking.

3a: Fear

Higher fear scores lead to increased barebacking. In addressing fear, questions 43, 45, and 46 from the Barebacking Thematic Scale were used. Categorical variable codings and block classifications were used to measure the strength of agreement or disagreement to the questions. Logistic regression was used to predict the odds of barebacking (dependent variable) as a function of the fear items. The results show that fear does not influence in any statistically significant way ($X^2 = 2.11$, p = n.s.) the odds of barebacking.

Further analysis was taken using a t-test to look for significant difference between the fear variable and barebacking/non-barebacking. Results of the t-test show that no significant differences exist between gay/bisexual men who

bareback from those men who practice safe sex in regards to fear (t = -.716, p = n.s.).

Thus, **Hypothesis 3a:** Higher fear scores leads to increased barebacking, is not supported. It is interesting to note that a significant portion of men feel less stress when their partners wear condoms (M=2.71) and a statistically significant number of respondents do wish the gay culture could return to how life was before the AIDS crisis, prior to the need to use condoms to prevent the transmission of HIV (M=2.8).

3b: Physical Intimacy

Higher physical intimacy scores leads to increased barebacking. In addressing physical intimacy, questions 48, 59, and 38 from the Barebacking Thematic Scale were used. Categorical variable codings and block classifications were used to measure the strength of agreement or disagreement to the questions. Logistic regression was used to predict the odds of barebacking (dependent variable) as a function of the physical intimacy items. The results show that physical intimacy does not influence in any statistically significant way (X^2 = 9.49, p = n.s.) the odds of barebacking.

Further analysis was taken using a t-test to look for significant difference between the physical intimacy variable and barebacking/non-barebacking. Results of the t-test show that there exists no statistically significant differences between gay/bisexual men who bareback from those men who practice safe sex with respect to physical intimacy (t = .617, p = n.s.).

Thus, **Hypothesis 3b,** higher physical intimacy scores leads to increased barebacking, is not supported. However, it does appear sexual partners are more "turned off" to sexual intimacy if and when their partner asks them to wear a condom (M=2.7).

3c: Emotional Intimacy

Higher emotional intimacy scores leads to increased barebacking. In addressing emotional intimacy, questions 49, 50, and 60 from the Barebacking Thematic Scale were used. Categorical variable codings and block classifications were used to measure the strength of agreement or disagreement to the questions. Logistic regression was used to predict the odds of barebacking (dependent variable) as a function of the emotional intimacy items. The results show that emotional intimacy does influence in a statistically significant ($X^2 = 19.65$, $p = .012$) way the odds of barebacking. Further analysis was taken using a t-test to look for significant difference between the emotional intimacy variable and barebacking/non-barebacking. Results of the t-test show that there exists significant differences between gay/bisexual men who bareback ($M = 58.80$) from those men who practice safe sex ($M = 49.89$) in regards to emotional intimacy ($t = -2.05$, $p = .04$).

Thus **Hypothesis 3c,** higher emotional intimacy scores leads to increased barebacking, is supported. Special notice is taken to question 60 and the degree to which emotional closeness is reduced with the wearing of a condom (M=2.4).

3d: Political Solidarity

Higher political solidarity scores leads to increased barebacking. In addressing political solidarity, questions 52, 53, and 58 from the Barebacking Thematic Scale were used. Categorical variable codings and block classifications were used to measure the strength of agreement or disagreement to the questions. Logistic regression was used to predict the odds of barebacking (dependent variable) as a function of the political solidarity items. The results show that political solidarity does influence in a statistically significant (X^2 = 17.99, p = .035) way the odds of barebacking. Further analysis was taken using a t-test to look for significant difference between the political solidarity variable and barebacking/non-barebacking. Results of the t-test show that no significant differences exist between gay/bisexual men who bareback and those men who practice safe sex with respect to group political solidarity (t = 1.77, p = n.s).

Thus **Hypothesis 3d**, higher political solidarity scores leads to increased barebacking, is supported. The political solidarity group was classified earlier in the study as the "bug-chasers" or those that feel that being HIV-positive is now an in-group within the gay community. This would support the responses to the questions that the hottest guys are HIV positive or that there is something intrinsically rebellious about barebacking (M= 2.01 for bugchasers; M=1.52 for all others).

Research Question 2

Research question 2 sought to uncover why gay and bisexual men engage in unprotected anal intercourse within the confines of this study with special consideration to their knowledge and information-seeking practices regarding safe sex messages. In addressing this question, the entire Barebacking Thematic Scale was used. Categorical variable codings and block classifications were used to measure the strength of agreement or disagreement to the questions. Logistic regression was used to predict the odds of barebacking (dependent variable) as a function of all scales within the BTS.

Question 57, "As a socially ethical man, I must practice safe sex" showed the highest level of significance among those men who practice safe sex (92% agreeing) while 25% of all barebackers disagreed.

Question 44 received high levels of agreement with 44% of the respondents stating they "hate worrying about practicing safe sex." This seems to demonstrate that the majority of gay and bisexual men 56% are accepting the use of condoms for sex, but many are still bothered.

Tops (men who self-classified as receiving during sexual intercourse less than 25% of the time) differed from Bottoms (men who self-classified as receiving during sexual intercourse more than 75% of the time) in a couple in statistically significant ways according to the Bareback Thematic Scale. Approximately 95% of all tops agreed with question 56, "There is a strong message from society to practice safe sex." Approximately 90% of all bottoms

agreed with question 34, "The likelihood of me contracting HIV/AIDS is high." Bottoms (80%) stated they agreed or strongly agreed with questions 48, "I feel physically more attractive when not wearing a condom during sex" and question 49, "Wearing a condom decreases emotional intimacy."

Question 36, "I am very knowledgeable about HIV/AIDS" also reported a significantly strong agreement demonstrating that roughly 73% of all gay and bisexual men feel informed about the topic. This was concurrently supported by responses to question 39, knowledge of the "risk of barebacking/unsafe sex" with 50% agreeing.

Concerning messages sent, question 67 asked, "My friends would think I'm daring if I didn't use a condom." 85% of all respondents either agreed or strongly agreed to this statement.

Respondents were evenly split among agreement/disagreement concerning question 63, "seeing condoms used in sexually explicit movies sends a positive message about safe sex." In addition, 60% found condom advertising useful and about half of all gay and bisexual men have used the Internet to seek information about safe sex.

In this chapter the study's results were presented and analyzed. Hypothesis 1 found that a statistically significant correlation exists between reactance and the tendency to engage in barebacking behaviors. While gay and bisexual men as a group are not considered "high" reactant, they are higher in reactance then the general population. Hypothesis 2 tested whether there exist

among the participant population significant differences between self-identified gay men who engage in barebacking and self-identified bisexual men who engage in barebacking with regards to reactance levels. Results showed that among bisexual men, there is no significant difference in reactance levels. However, among gay men, there is significant difference among reactance levels. Discussion of this difference will take place in Chapter 5.

Research question 1 looked at demographic data among the participant population for any significant differences. Results showed that no significant demographic characteristic exists among any of the recorded data with the exception of race. Respondents of European, or white, decent engage in barebacking significantly more than any other racial category. Research question 2, which measured the socially constructed reasons why gay men engage in barebacking found mixed results. In testing whether high fear predicts the tendency to engage in unsafe anal intercourse, the hypothesis was not supported. In testing whether physical intimacy predicts the tendency to engage in unsafe anal intercourse, the hypothesis was not supported. In testing whether emotional intimacy predicts the tendency to engage in unsafe anal intercourse, the hypothesis was supported. And in testing whether political solidarity predicts the tendency to engage in unsafe anal intercourse, the hypothesis was supported. The last section of this chapter sought to uncover communicated messages that may influence gay and bisexual men to engage in unprotected anal intercourse. There appears to be differences among self-classified bottoms in the study from tops.

Analysis, discussion and implications of the results and differences will follow in Chapter 5.

CHAPTER 5

DISCUSSION

The recent rise in unprotected anal intercourse among men who have sex with men and the possible reasons for that behavior despite general health concerns reflects the purpose and direction of this dissertation. Two issues are investigated within this study: first, is reactance the possible cause for barebacking and second, how influential are the socially constructed reasons given by gay and bisexual men for the behavioral increase? Results from 2036 questionnaires collected during a large, metropolitan circuit party found that there is a statistical link between higher reactance scores and the likelihood of engaging in unprotected anal intercourse. Secondly, two socially constructed reasons why men who have sex with men often bareback were supported. These include high solidarity reasons (also known as bugchasing) and individuals with high emotional intimacy scores. Two other socially constructed reasons for the behavior, high physical intimacy and high fear, were not statistically supported. Other issues such as lack of safe sex advertising, alcohol/drug usage, and self-identification anxiety are also discussed. An overall conclusion drawn from this study is that many messages created from health communication models are failing to prevent the spread of AIDS and HIV infection.

Even being a member of the gay community, I was nonetheless surprised by some of the findings in this study: the first being the larger than expected percentage of the population who were classified as barebackers. Approximately 28% of the respondents in this survey engage in unprotected anal intercourse 75% or more of the time. This number has increased substantially over the past few years. When Forstein (1992) first began to investigate the practice, approximately 10% of the population engaged in barebacking. Mattison (2001) found the number had increased to approximately 15%. This increase appears to show that the practice of engaging in unprotected anal intercourse is on the rise. This also seems to correlate to the steady increase in AIDS infection (Lorge, 2003). However, since correlation does not necessarily equal causation, it would be wrong to presume this is the only reason for the increase in infection.

A second surprise in the findings stems from the demographic age data. For years now, it has been bantered about in common cultural dialogue as well as in AIDS literature (Murphy et al., 2004) that due to less public service messages, condom advertising, and the focus on abstinence in health courses in high school, young people are more likely to engage in unsafe sex. However, the results from this study demonstrate the opposite effect. The highest percentage of barebackers (32%) were in the highest age group of men 42 years and older while 19% of the barebackers were 25 years and younger.

This result was also unexpected because the older age group lived through the AIDS crisis. This group received the lion's share of AIDS messages and

knew people who contracted HIV and/or died from AIDS. Among all barebackers in this study, 67% stated they knew someone who currently is HIV+ or has AIDS. Of those, about half (47%) stated they personally knew someone who died from the disease. Such cases were expected to resonate with the older crowd resulting in higher conformity and safe sex, but the data do not support this notion. "People today do not share the great sense of relief that the previous generation felt at being able to stay alive by mere condom use. Some instead feel resentment and deprivation at the constraints of safer sex" (Blechner, 2002, p. 32).

Forstein (2002, p. 37) wishes to distinguish between the sexual acts of HIV negative men engaging in unprotected sex and the "blurred and deeply held beliefs and attitudes about anal sex itself." Through this dialogical view, Forstein (1992, p. 112) hopes to defuse the emotionally charged environment surrounding barebacking and describe the differences of what many high-risk takers describe as the "intense feeling of being alive as a consequence of their activities . . . and the calculated risks about the inevitability of death." With this in mind, it appears that from this study, the highest age category of barebackers (42+) may in fact possess more deeply-held beliefs concerning the meaning of unprotected sex. Exactly what that is remains undetermined through this investigation. But the data do suggest that there is some element of truth to the statements of both Blechner and Forstein regarding the lack of resonance.

Another surprise was the disparity between the Latin American (35%) and European-American (55%) respondents that practice barebacking. This is in stark

contrast to the third highest racial category of African Americans (5%). This may assume that various cultural differences exist concerning the notion of safe sex. Before beginning the study, I had anticipated that African-American males, who are on the "downlow," would make conscious decisions not to wear condoms. Downlow is a term used within the African-American community to represent a closeted male who dates or marries women, yet engages in periodic homosexual affairs. This phenomenon can be explained by saying that a closeted or person on the downlow would not participate in a circuit party where women represent less then 1% of the party participants. While this may explain the low percentages of African-American barebackers, it doesn't shed light on the high percentages of barebackers from the white and Hispanic categories.

Income also reveals a stark contrast concerning barebackers. Roughly 82% of those classified as barebackers earn between $15,001 and $35,000 per year. When contrasting this to all other income categories with single-digit percentages, it appears clear that those making less then $35,000 per year are far more likely to engage in unprotected anal intercourse. Several theories may explain this such as the lower income levels are correlated with the less educated, therefore less informed of the dangers of unprotected anal intercourse (Craib et al., 2000; Mansergh et al., 2003; Mansergh et al., 2004). However, this notion seems negated when 73% of respondents agreed to the statement that they are very knowledgeable about HIV/AIDS. Another theory that may better address this discrepancy is the theory of Interpersonalism (Monahan, Miller, Carol, and

Rothspan, 1997). Interpersonalism is a goal-based theory that accounts for people's behaviors in relationships with respect to perceived power. They found that as the number of sexual partners increased, both men and women viewed relationship-building goals as less important and power goals as more important. Women with multiple sexual partners appeared less assertive, had poorer communication skills, and took less control over STD prevention. Men in the article felt that there was little or no use in taking measures to prevent the transmission of STDs. The conclusion of the article stated that those individuals who are self-perceived as powerless in the world, feel less control over all aspects of their life in general and STD prevention specifically.

The reason this study stands out is due to their population—roughly 70% of the respondents in the Monahan, et. al. (1997) article earned below $20,000 per year. Thus, there appears a parallel to this study. Interpersonalism also seems supported among this group when you consider responses give by bottoms to question 34. In short, 90% of the barebacking bottoms believe that the likelihood of contracting HIV/AIDS is high. For whatever reason, they seem less likely to take control over their health choices and practice safe sex.

In discussing overall perceptions of the population, I was surprised to see that among the barebacking population, approximately 40% were bottoms while 13% were tops. This is interesting in the sense that common knowledge, whether right or wrong, would suggest that being a top was safer in general then being a bottom if one's goal is not to become HIV+. It would seem commonsensical that

these numbers would be reversed among barebackers with 40% being tops while 13% would take a greater risk of being a bottom; unless, you re-examine the results in the framework of question 48. This question found that 80% of all bottoms felt physically more attractive when their sexual partner was not wearing condoms. Hart et at (2003) found similar differences among self-labeled tops and bottoms as well. His research sought to explore these groupings among various parameters including gay self-identification, internalized homophobia, sexual sensation seeking, and anxiety and uncovered significant differences between self-identified tops and bottoms.

It should be no surprise that individuals want to appear or feel more attractive. Studies have found that attractive people are perceived to be more successful in their careers, more sexually active, happier about their life situations, more responsive, sensitive, interesting, competent and even better at persuading others (Dion, Berscheid & Walster, 1972; Feiman & Gill, 1978; Hisckson & Stacks, 1993; Mehrabain, 1971; Raiscot, 1983; Schlenker, 1980; Shriver, 2002; Tanke, 1982). In addition, satisfaction with one's bodily appearance is positively related to satisfaction with one's own self (Cash & Pruzinsky, 1990; Tseelon, 1995). This focus on physical attractiveness should not merely be viewed as vanity in women. Over the last two decades, attention given to the ideal male body has intensified (Featherstone, 1991; Shilling, 1993; Synnott, 1993). Morse (1983. p. 51) suggested that "males are on their way to becoming as dependent on 'image' as females." The number of men who are

dissatisfied with their own bodies and engage in practices to improve their own appearance has increased (Garner, 1997; Miskind, Rodin, Silberstein, & Striegel-Moore, 1986). Given the increased need for feeling attractive among men, it makes sense that individuals will pursue activities that makes them feel more attractive. In this case, such an activity is engaging in unprotected anal intercourse.

While there is no apparent explanation of this phenomenon, I would compare this practice of barebacking to eating disorders among women. Research suggests that body image and eating disorders, which also violate rational health models just like barebacking does, are linked (Katzman & Lee, 1997; Stice, 1994; Striegel-Moore, Silberstein, & Rodin, 1986). If this is an accurate comparison, and clearly further study would be needed to ensure such a comparison, then engaging in a particularly unhealthy and unsafe practice to feel more attractive would be provocative and potentially useful in the greater understanding of barebacking.

Toohey (2002) discussed that one of the reasons why men participate in unprotected anal intercourse is the "heat" of the moment, which is compounded with the use of alcohol and/or drugs. While this may be true for some men, it is not universally applicable. According to this study, 55% of those men who were identified as barebackers stated that drugs influence their decision to engage in unprotected anal intercourse. Responses were evenly split concerning alcohol with 51% agreeing that alcohol influences their decision to engage in unprotected

anal intercourse. From these responses, a person can declare that drugs and alcohol affect decisions to engage in safe sex, but in only about half the barebacking population.

This study also tried to address Blechner's (1997, p. 14) statement; "some [men] feel resentment and deprivation at the constraints of safer sex." This is why reactance theory was used. Hypothesis one addressed whether there was a correlation between overall reactance measures, the resentment Blechner mentions, and barebacking. Results found that gay and bisexual men are not considered high in reactance. But, as a group, these same men are higher then the general population. This begs the question: are gay and bisexual men more reactant because they are forced to engage in safe sex against their will, or is this a trait of being gay or bisexual? From this study, there is no clear answer to that question.

If Jay and Young (1977) are right when they say that for most gay men sex is, above all, a source of fun, pleasure, recreation and communication and that the enjoyment of the sexual experience is at the root of gay male identity, then the limitation of such activity may in fact cause an increase in resentment and reactance. This would not be a biological trait, but rather a reaction to a societal influence. The notion that self-identity is shaped by the culture in which an individual has been reared is not new to social science research and is a major premise of communication scholarship in general (Wilmot, 1995). In fact, Cooley wrote of this phenomenon as early as 1912 with the theory of reflected appraisal.

Thus, one could argue, if you define a group within the society as being separate due to sexuality (namely homosexuality), and they accept this definition as part of their unique identity (the gay community), it would only seem natural that when the society places constraints on their behavior they would rebel. Perhaps this is the cause of greater reactance among homosexuals in general and barebackers specifically.

The socially constructed reasons why gay and bisexual men chose to engage in unprotected anal intercourse was, to me, one of the truly more interesting aspects of this study. At first, when looking at the results it seemed counter-intuitive, and then it seemed sensible and obvious. For instance, when the data revealed there was no significant correlation between respondents who scored higher in the physical intimacy theme and barebacking, the results seemed illogical. It would appear obvious to most readers that condoms would decrease the physical pleasure of any sexual encounter (either heterosexual or homosexual); thus, by removing the condom, physical pleasure would increase and result in higher barebacking behavior. Oddly enough, this was not supported by the data. But, when the study is taken as a whole, this result begins to make sense. For example, it would *physically* make no difference to a bottom whether the top is wearing a condom or not. The physical sensations for the receiver would not necessarily be hindered from the latex device. So, a condom would only be a hindrance to the insertive partner or the top. Yet tops engaged in

barebacking 36% less of the time than bottoms. What would explain this counter-intuitive result?

It is here that the clinical model of health communication comes to fruition. Protection Motivation Theory (PMT) (Rogers, 1983) provides a model stating that (1) perceived severity, (2) perceived probability, (3) perceived self-efficacy, and (4) efficacy of preventative behavior all result in an intention to protect the individual, thus resulting in protective behavior. This model takes into account a fundamental notion of rational human thought processes resulting in rational human behavior. HIV/AIDS transmission has high perceived severity (loss of financial stability, increased stigma, and possibly death), a relatively high perceived probability that if an individual engages in unprotected anal intercourse the probability is higher that he will contract the virus (compared to having safe sex), perceived self-efficacy results from the idea that all the individual has to do is put on a condom or have his partner put on a condom, and lastly the efficacy of the preventative behavior is fairly high (condoms have a much higher chance of preventing the spread of disease as opposed to not wearing a condom). Thus, according to PMT, most gay and bisexual men would be wearing condoms during anal intercourse.

While most do, the data in this study found that approximately 25% do not. And among those who do not, bottoms make up the largest percentage. As discussed earlier, this seems counter-intuitive being that the physical sensation for bottoms would not be altered if the top wears a condom. Yet it is the tops who

bareback less than anyone. PMT would state that the physical sensation of having an organism for the insertive partner would not have enough motivational reasons to dispense with a condom. If you were to imagine a see-saw, the balance for physical sensation would not out-weigh the risks and consequences of contracting HIV/AIDS. So, for most tops anyway, the physical sensation of barebacking is not worth the risks.

Yet, while this easily explains tops in the study, it baffles reason concerning bottoms. If there is no physical reason, then there must be another explanation. That explanation is emotional intimacy. The data in this study support the link between high intimacy scores and barebacking. While the physical benefits of engaging in unprotected sex outweigh the risks associated with HIV/AIDS infection, the emotional benefits apparently hold greater sway over individuals and trump most of the communication health models. This would also provide a reason why bottoms outnumber tops in barebacking practices despite any purely physical reason and support Froman's (1985) observation that sex has become a substitute for emotional intimacy because of its temporary nature. Froman explained this behavior by stating that for many gay men, sex was their first experience of external validation. Upon discovering that they could not only be accepted for who they were, they also discovered they were actually sought. Thus, sex and validation become nearly synonymous (Froman, 1985). That validation need not be purely emotional. What raises an

even more intriguing question is why this validation appears to be more important to bottoms than it is to tops?

In some ways, this link might be explained with the political solidarity scores among the barebacking participants. The high solidarity group consisted of what has been referred to in the popular press as "bugchasers." These are the groups of men who wish to become HIV+ for some reason or another. Some men state they engage in unprotected anal intercourse for political reasons ("I refuse to give into the condom Nazis"), while others simply were HIV+ and decided that it no longer mattered to be restrained by the tenets of safe-sex practices so they began creating social networks (Toohey, 2002). "Barebacking is equated with 'breeding' and infection with 'impregnation.' Some HIV bug chasers have gone so far as to consciously choose the individual gift-giver who will 'father' their HIV infection" (Hill, 2000, p.3) This perceived rite of passage undoubtedly completes their identification with being gay and deepens their role as a member of the gay community (Hill, 2000). Clearly, more research on bugchasing needs to be conducted, but for whatever the reason, a subgroup of the gay community has chosen to consciously and actively seek HIV infection. Much like those individuals who seek emotional intimacy, bugchasers (the political solidarity group) feel that the risk of HIV infection or AIDS does not outweigh being part of a sub-community of HIV+ individuals.

Hill (2000) explains this phenomenon when he writes that these gay men may be suffering from Post Traumatic Stress Disorder (PTSD). Quoting from the

DSM, Hill states that an individual "experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury . . . and that the person's response involved intense fear, helplessness, or horror (2000, p. 3). This is certainly a reasonable explanation and would explain my earlier discussion on why the oldest demographic of my study (42+) constituted the highest percentage (32%) of barebackers despite the *resonance* of knowing someone who currently has HIV/AIDS (67%) or who has died from AIDS (47%). Statistically, however, my numbers don't support this conclusion.

Approximately 1% (22 men) of the overall sample of 2036 was classified as being both barebackers and high in political solidarity. Research shows that over 50% of the population has experienced a major traumatizing event at least once in their lives (e.g., military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape) (Charney, 2000). Of those who are traumatized, 20% to 25% go on to get the disease. This means that at least 10% of the population has this condition in some form, which qualifies it as a common disorder. PTSD is ranked fifth among all psychiatric disorders (Charney, 2000; Turkington, 1999). If these numbers are correct, there should have been approximately 113 bugchasers in the study. Granted, this does not disprove the PTSD theory. The political solidarity thematic sub-scale may not have distinguished all bugchasers within the study, but this does provide another fruitful area to study.

In suggesting a communicative explanation for a correlation between the political solidarity scale and barebacking, there have been mixed messages sent to confound and confuse what being HIV+ represents. Many HIV- men think "HIV positives live richer, more complex, more 'authentic' lives, get more attention, are better able to take risks, significantly the 'risk of intimacy' and with such risk-taking, life can be meaningful and full" (Young quoted in Hill, 2000, p. 4). Hill points out that many HIV+ men, when confronted with the news of their seroconversion, feel more encouraged to take better care of themselves physically, emotionally, and spiritually as well as feeling closer to the gay community in general. Rather than feeling depressed from an AIDS diagnosis, there is, conversely, a feeling of euphoria and a decrease in anxiety (Hill, 2000).

Messages of youthful vigor and health abound in the gay community. Fien's review exposing the emergence of bugchasing states that the gay community is a culture "where muscles, drugs, social pecking orders and socio-sexual economic cliques erect harsh barriers to entry and acceptance, where feeling self assured and making new friends is about as easy as becoming a movie star in Los Angeles" (2003, p. 1). He goes on to say that "in a culture that worships fantasy images and reveres and elevates porn stars to idol status, where ripped stomach muscles are generated through marathon dance and sex sessions, fueled by concoctions of crystal methamphetamine, steroids and ecstasy" it is easy to feel isolated and alone (Fien, 2003, p. 1). This feeling of desolation can be elevated by becoming a member of the group that signifies these messages:

HIV+ individuals. This has become even more apparent in the 21st century as the drug cocktails ensure longer lives; and with the steroids often found in the drugs, those lives appear (on the outside) more healthy and fit then ever before. So in understanding how bugchasers or the political solidarity group is related to the emotional intimacy group, one must merely understand that the overlap of both groups resides in a longing to be part of a group and be accepted.

In this study, higher fear scores were not related to barebacking. Fear represented some of the reasons originally listed by the bugchasing group: namely, they are tired of living in fear of getting HIV so they simply engage in seroconversion and never have to worry about practicing safe sex again. In effect, they stop worrying about the disease by having the disease. Thus, they can engage in any sexual practice they desire without worry of consequence (aside from other STDs like hepatitis or syphilis). Since the link between high fear and barebacking wasn't supported in this sample, fear does not appear to be a motivating factor to engage in unprotected anal intercourse. This is the only part of the socially constructed reasons given whose results actually make intuitive sense. But to a large extent, it explains some of the motivation behind bugchasing. Despite the fact that some bugchasers say they wish to be HIV+ out of fear, these results indicate their main reason has more to do with acceptance into a subgroup of the gay community and less to do with fear itself. The majority of respondents don't worry about practicing safe sex. Only 44% agreed with the statement, "I hate worrying about practicing safe sex." This seems to

reinforce the idea that putting on a condom to prevent the spread of infection is not bothersome to the majority of respondents in the survey.

Other aspects of the study were intriguing as well. For instance, ethics appears to play a role in the practice of safe sex. 92% of all men who practiced safe sex agreed with the statement, "As a socially ethical man, I must practice safe sex": whereas, only 25% of barebackers agreed with the statement. Approximately 75% of all barebackers appear to think that ethics has little or nothing to do with practicing safe sex. This seems to support an intersubjective systems perspective, in which Orange treats the barebacking phenomenon as a conversation about meanings between a "willingness to die and willingness to risk the death of others . . . just as we would engage with a person who remain in a seriously abusive relationship, a parent who hits or criticizes a child though 'knowing better,' [or] a person in the grip of a serious addiction" (Orange, 1996, p. 45). Thus, what may appear to some as being totally incomprehensible may in fact be quite rational from the subjective approach of the participant.

For instance, the parent who hits or criticizes a child though they understand that offering rewards provides a better incentive for children to behave may seem like extremely rational behavior. The parents can justify their actions with numerous "rationales" such as "My parents spanked me as a kid," or quoting from the Bible, "Spare the rod, spoil the child," or perhaps assuming their children are beyond mere psychological quick-fixes and that they need a hefty dose of physical fixes. Regardless of the rationale, the parents will find a

cognitive justification for their behavior. Only over the previous generation has there been concerted efforts to make the verbal and physical abuse of children a matter of ethics. Today, we as members of a larger system called society, recognize child abuse in multiple forms as ethically wrong. Perhaps a similar vein could be applied in tailoring safe sex messages to increase condom usage. It might be useful to establish or stress the importance of ethics, balancing this approach, toward sexual intercourse in general and unsafe sex specifically. I mention this because in my personal experience, most safe sex messages have been directed towards a self-serving bias (to protect my health). By reversing the messages and saying you must protect the health of the other person at all cost, even if they don't wish it, you are being an ethical person. This is what Orange refers to in her intersubjective systems approach.

Approximately 85% of all respondents agreed with the statement, "My friends would think I'm daring if I didn't use a condom." This also supports the intersubjective systems approach. The communicated societal belief that only "high risk takers are seen as bringing great rewards, and that those who take only moderate risks are seen as losers" (Orange, 1997, p. 93). If messages are being communicated within the system that high risk is ultimately rewarded, and most of the respondents in this surveys stated that barebacking is "daring," then a link appears to be established. This could be supported by the ever-increasing rise of the practice. In tailoring health messages, it would be highly difficult to change the greater system's understanding that high risk is synonymous with greater

rewards; rather, a subsystem message designed to say that the daring risk in this regard is equated with greater financial cost and poorer health is needed. The problem, of course, arises when high risk or emotional intimacy is overpowered by a desire for group affiliation.

Limitations

The findings and concluding remarks previously discussed have to be considered with caution since the study has a number of limitations. First and foremost, since no data are available on men who refused to participate, and since the nature of circuit parties is exclusive in and of themselves, one is lead to conclude that this sample is not representative of the gay and bisexual male population. The sample was also taken from a large metropolitan city with a disproportionately high Latino population and not representative of the United States as a whole. Circuit parties are generally expensive to attend, attract a more party-minded group of men who use larger amounts of drug and alcohol, and are usually concentrated in large urban gay centers like New York, Los Angles, Philadelphia, and Miami. Future research may find a lower portion of rural gay and bisexual men.

Secondly, because of restraints due to the length of the questionnaire, the researcher did not collect information on each respondent's qualitative views of barebacking, in-depth sexual history, and attitudes on earlier exposure to HIV prevention interventions. This provides us an unclear picture of the extent of the insufficiencies of safe-sex knowledge and practices. Further limitations of the

instrument are that they force an answer measuring degrees of Agreement or Disagreement. There may have been instances where a neutral answer was required, but the choice wasn't given. This restricted item questionnaire provided "control" over the participant's range of responses by providing specific response alternatives and thus the information may not be as "rich" or revealing as open-item questionnaires. Continuity in the questionnaire was also purposely skewed for two reasons. One, to ensure greater ethics of individual secrecy and two, to avoid participants from completely understanding the social construed topics which may have increased participant bias. Secrecy and confidentiality was more of a concern simply because I wanted potentially embarrassing data "hidden" from opinionated data. Such embarrassing data could be question 37, "I am afraid to ask a partner to wear a condom." Some men, standing in line to enter a gay circuit party, may feel embarrassment at answering that question. However, with many questions embedded, it become more difficult to "look over your neighbors shoulders" to see their answers.

Another limitation of the survey instrument was that it was entirely in English. Normally this would not be of great concern until you realize the large percentage of Latino participants in the survey. It is assumed by the researcher that all the participants understood and truthfully answered the questionnaire, however, this cannot be verified at the current time. By having a few questionnaires printed in Spanish, there could be greater confidence if the instrument.

The length of the instrument was of great concern for the researcher. The combined TRS and BTS resulted in 69 questions, not counting the demographic data. This is a relatively larger number of questions for participants standing in line to enter a party. Due to the importance of the research, as explained in the Informed Consent, a huge number of party-goers took their time and filled out the surveys in their entirety. Still, the researcher wishes the instrument could have been more concise.

Naturally, as with any self-report survey, truthfulness and bias in the answers generated may exist, especially when dealing with sexual practices among a historically condemned segment of the population.

Despite the lack of representativeness of the gay and bisexual male population and an incomplete picture of the respondents' sexual history, knowledge, and attitudes toward safe-sex practices, these results warrant further exploration of the necessity and feasibility of HIV prevention that specifically targets men who engage in barebacking.

Potential Directions

Future studies stemming from this investigation could include but are not limited to ethics, public policy messages, safe sex advertising directed to barebackers in the gay community, and a greater focus on health communication toward tailoring messages specifically targeting sub-segments of the gay and bisexual population.

Specifically, future research should be focused on why reactance scores are higher among gay men then the general population. Since bisexual reactance scores are also lower then gay men's, it could be assumed that reflected appraisal does have some influence on the identify gay men take in America. Whether or not this results in higher levels of reactance is not fully understood. One great area to test this reactance assumption is the recent Gay Amendment debate in Congress. Assuming a political communication domain, research can be conducted linking how the political process was influence or affected when various members of society tried to limit the perceived freedoms of a higher-then-normal reactance population (gay men). Could a communication scholar predict with any degree of certainty what the result would be from the political limitations of perceived freedoms? From various challenges to the First and Second Amendments to the Constitution all the way to the limiting of abortion-rights, reactance could be a very fruitful area of study in the political communication domain.

Another area of study that could potentially stem from this dissertation examines the link between bugchasers and the emotional intimacy group. Earlier in the chapter, I drew comparisons between these two socially construed reasons given why men engage in unprotected anal intercourse. Qualitative investigations into each of the particular mindsets of these groups may reveal a relationship.

Machismo is the Latino word for describing the hyper-masculine ideal that structures power relations between men and women, and men and men. It

manifests itself in many forms from word games and sports to sexual conduct. One such manifestation that transcends the Mexican (and generally all Hispanic countries) culture is that it's okay to engage in homosexual acts, as long as you are the active (top) partner. To dominate a man sexually doesn't imply a particular sexual orientation; it implies the pinnacle of manliness (Carrier, 1995). One area of study stemming from this dissertation could explore the role of *machismo* within the Latino community and see if there are significant relationships between this notion of hyper-masculinity and unprotected anal intercourse. Special interest would be how these notions are communicated within the Latino community but not in the Anglo community. This could provide excellent inter-cultural communication opportunities.

As discussed earlier in the chapter, I was surprised to find that older men (42+) engaged in barebacking more then any other age group. This, despite the fact that older men would have received more AIDS advertisements/public service messages, known more people who have died from AIDS, and probably know more people who currently have HIV or AIDS. This seems to rebuff the notion of resonance as proposed by Gerbner (1998). Assuming resonance to be true, then this age group should practice safe sex more than all other groups, yet the findings don't support this notion. Further research inquiring into this particular area may find interesting mass communication implications and could possibly (un)support the theory of cultivation.

Another theory that could benefit from this study is Interpersonalism. Interpersonalism is an emerging communication theory that deals with perceived notions of power and influence with respect to individual behaviors (Monahan et al., 1997). The idea that when you feel powerless in multiple arenas in your life (job/career, income, political influence, etc), you will feel less powerful over areas which you do have influence, namely your health. Yet, less powerful people exercise less control over their health choices and, according to Monahan, have more sexual partners without protection. This study seems to provide support for Interpersonalism, especially the results to question 34, "The likelihood of me contracting HIV/AIDS is high." Approximately 90% of all bottoms agreed with that statement. Clearly, more research is necessary to make a clear correlation.

One area that I will immediately begin researching concerns the clear distinctions and disparities between self-identified tops and bottoms in regards to self-identity/self-esteem anxiety, sexual sensation sexing behavior, and the notion discussed in the previous paragraph of fatalism. For whatever reason, messages sent to bottoms clearly are different from messages sent to tops concerning self-identity. The real question would be first to uncover whether or not this is a reflective appraisal of messages sent by society or the community that bottoms internalize. For instance, I become a bottom because I have low self-esteem or because I'm a bottom, I adopt and internalize society's opinion of me. So, by claiming to be a bottom, is a man saying that he simply likes to be the receiver

during anal intercourse, or is he accepting various, undiscovered messages that he is ugly, unworthy, anxious, internally homophobic, or what? This to me proposes some very interesting questions. And, there might be a parallel or link from the machismo study proposed earlier.

Naturally, there are multiple avenues that this dissertation can take from here on. Issues of drug and alcohol use weren't fully investigated but could be. Distinctions in various demographic data such as race, income, education, and background still could provide more light concerning this topic. Communication theories other than the one covered could be explored. For instance, Action Assembly Theory by Greene may provide useful insights into where messages come from, how they are categorized and weighted in relation to competing or/and complimentary messages. Are there other areas not yet uncovered as to why gay and bisexual men engage in unprotected anal intercourse? Could some of those provide parallel reasons why heterosexuals engage in unprotected sex outside of monogamous relationships? In other words, this dissertation provides many useful and rich areas of inquiry into future research.

Summary of Conclusions

The recent rise in unprotected anal intercourse among men who have sex with men and the possible reasons for that behavior despite general health concerns reflects the purpose and direction of this dissertation. Two issues were investigated within this study: first, is reactance the possible cause for barebacking and second, how influential are the socially constructed reasons

given by gay and bisexual men for the behavioral increase? Results from 2036 questionnaires collected during a large, metropolitan circuit party found that there is a statistical link between higher reactance scores and the likelihood of engaging in unprotected anal intercourse. This study also found that there is no statistical difference in reactance between self-reported gay men and bisexual men but there are differences based on race. Concerning the socially constructed reasons given by gay and bisexual men as to reasons why they engage in barebacking, only two were supported by this study, high emotional need and high political solidarity. Both fear and high physical desire were not supported. Reactance is not the only reason why gay and bisexual men engage in unprotected anal intercourse with other men. Other reasons found in the study seem to suggest self-concept anxiety.

The next part of this study investigated the influence of socially constructed reasons discussed in the literature for barebacking. Two socially constructed reasons why men who have sex with men often bareback were supported. These include high solidarity reasons (also known as bugchasing) and individuals with high emotional intimacy scores. Two other socially constructed reasons for the behavior, high physical intimacy and high fear, were not statistically supported.

Other issues such as lack of safe sex advertising/public service messages were not found to increase barebacking. The data seems to support the notion that safe sex messages are in society and that gay and bisexual men understand that having unprotected anal intercourse is hazardous, so lack of knowledge is not

a reason for barebacking. While alcohol/drug use was high among the participants, only about half of those classified as barebackers feel that drugs or alcohol influence their safe sex decisions. Apparently, the decision to have unprotected anal intercourse is made prior to any sexual activity or drug/alcohol usage. Issues of self-identification anxiety appeared to be present in the participants who engage in barebacking. This includes low-income individuals, older men, and the prevalence among self-identified bottoms.

An overall conclusion drawn from this study is that many health communication models are failing to prevent the spread of AIDS and HIV infection. When a health communication theory takes the position that individuals are rational beings and will engage in any activity that enhances health, they fail to consider a basic communication premise—perspective taking. Epistemological and ontological assumptions aside, most individuals see the universe through their respective lens. A scholar would assume, and often does, that the world operates with the clarity of thinking that he or she has. This can, at times, be wrong. Even myself, being a member of the gay community for a decade now, was surprised at many of the findings in this study. Donna Orange (1997) is right in her intersubjective systems approach, which basically says that as communication scholars in general and health scholars in specific, we must utilize the perspective thinking approach to understand the other's mind set, the other's *modus operandi*, the other's intersubjectivity of what is rational, what is rewarding, and what makes sense to them.

From a health communication perspective, it would make logical, reasonable, and commonsensible sense that a gay man, knowing the dangers of engaging in unprotected anal intercourse and having the opportunity to do so, would practice safe sex. Yet 25% of the participants in this study engage in barebacking 25% of the time or more. Some would say, "They're crazy!" and dismiss it. But as researchers, understanding their perspective is imperative. While it may seem illogical at first, the messages that society sends to individuals, heterosexual, bisexual, homosexual, or any other classification, says overwhelmingly that if you love someone, if you trust someone, then why should you need to wear a condom? I would venture to say that most individuals have a need to be loved or to have some sort of emotional connection with another, even for a brief sexual moment of time. This study demonstrates that, especially among bottoms who claim they appear more attractive when their partner doesn't wear a condom. So, is it surprising that the need for high emotional intimacy, the brief psychological sensation of love, can and at times overpowers rationality? Compound this with drugs, alcohol, high needs for gratification, higher levels of reactance, etc., and the behavior makes more sense.

The reality of health communication research suggests that individual health-related behaviors (such as barebacking) are influenced by a diverse set of messages or interactions across multiple levels of communication at several time points. This has traditionally run counter to the paradigm of reductionism and attempts to analyze health communication processes as a whole (Witte, 1996).

Thus health communication models are an ideal starting point, but the starting point is complicated. Brashers and Babrow state, "Health communication is among the most complex, challenging, and potentially rewarding areas of scholarly inquiry" (1996, p. 243). After this study, I would agree with their assessment. The main contribution this study makes to the health communication field is in support of the inter-disciplinary nature of understanding health. To paraphrase a previous professor of mine, we don't learn to think in a vacuum, knowledge does not exist in a vacuum: It is created by people and sent, via communication, from one person to another. Notions of health are the same. We as scholars must understand what those notions are; discover how they are transmitted, and what results from that process. Then, if we choose to change them, we can. I believe this study contributes to that understanding.

The contribution this study makes to reactance theory is two-fold. First, it strengths the theory of reactance in general by providing statistical support; it supports the theory in specific by making the case that reactance in its present form has both societal and academic implication. Notably, it demonstrates a link between a disease that currently plagues the world and will continue to do so in the future. Second, it enlarges the theory out of the domain of psychology and adds it to the field of communication. While many questions still exist about reactance, such as is it a trait or a behavioral manifestation, one thing seems clear: it relies on communication. I could have extremely high reactance, but unless you

say (communicate) that I am forbidden to do something, it will never show. Plus freedom, in and of itself, is a communicated notion based on perception.

In providing recommendations to health care practitioners or policy makers who must deal with the issues addressed in this study, I would summarize it as "listen" to your patients without judgment and rely less on logic. Regulating sex, homosexual or otherwise, may lead to a reactionary backlash, which may be what we are seeing today. Overly restrictive safe-sex guidelines work some of the time, but not all of the time. I also suggest that certain social norms must be addressed. I think that the prospect of a monogamous, committed sexual relationship that is accepted in society may demonstrate, in a systematic process, that those who internalize homophobia within themselves, may begin to see their lifestyle as something worthy of equality. This does not mean mimicking the heterosexual ideal of marriage; but rather finding a solution that defines a commitment to fidelity that is meaningful and acceptable to society at large. As demonstrated in the section on systems theory, societal influence is important all the way down to the resulting behavior of gay and bisexual men. And conversely, as discussed in the section on the rise of AIDS, the behavior of gay and bisexual men has an important health influence on society. But perhaps the most pressing recommendation I would make to health care practitioners is to understand that physical gratification is not the primary motivator for unsafe sex among gay and bisexual men, rather it is the desire to feel loved and accepted. This issue needs

further study but I believe with this notion in mind, health practitioners are better prepared to handle the rise of barebacking.

Final Thought

A student of Zen wishing to achieve *satori*, or enlightenment, seeks out a Zen master. The master presents the student with a paradox of logic. The purpose of this paradox is to trigger creative thought by disrupting the dependence of logic. The Zen master holds a stick over the student's head and says, "If you tell me this stick is real I shall hit you. If you tell me it is not real I shall hit you. If you tell me nothing at all I shall hit you." The student thinks: Either the stick is real or it is not real, yet both answers are wrong. I must give an answer or else suffer the pain and humiliation of the master's wrath.

The student's problem-solving strategies emerge. He may attempt to solve the riddle by trail and error. He may also decide to compose, paint, write, sing and mediate about it. He may try to question the master's motive. The student may say the master is manipulative, cruel, and corrupt. To wield power over another in this manner is exploitative and unfair. On the other hand, the master might be benevolent by giving clues to the riddle or perhaps even say the whole thing is a joke. Unable to solve the dilemma, the student may resort to various anesthetics to soothe his distress. He may decide to give up the quest for enlightenment altogether, assuming the struggle is just too difficult. Years may pass before the student comes to understand the problem he struggles over is not a riddle: It is himself. He is trapped in his own logic. There is no answer to this

paradox in the dualistic either/or, true/false, right/wrong, if/then, and cause/effect frame of logic. Only by abandoning logic can the student find enlightenment.

The student suddenly seizes the stick and hits the master with it. The Zen master wishes to have the student understand that he is trapped by the limitations of his own thoughts. As a social scientist, we in the communication discipline must look beyond the logical framework of our study if we are to understand the development of the systemic model of human transaction. Bateson was just one communication theorist involved in the effort to conceptualize human behavior at the interactional level. He moved dramatically away from the motivational explanations of the psychoanalytic tradition and towards an emphasis on patterns in human systems. Instead of looking at the individual for a psychological understanding of behavior, they looked to the repetitive cycle of transactions to explain human actions.

This study reflects this systemic approach. For two decades, logic reigned when dealing with communicative messages that prevent the spread of HIV/AIDS. Clinical health notions assuming that individuals will rationally behave in ways that maximize health and minimize risk was the primary motivator of safe-sex messages. And, to a remarkable level, they worked. Yet, we are currently witnessing a rise in unsafe sex despite what would appear to be logical thinking. While some have proposed a traditional psychological reason for this behavior, namely the condition of Post Traumatic Stress Disorder, and others have said it is an increase in drug/alcohol use, the lack of safe-sex

advertising, and even the current administration's focus merely on abstinence verses safe-sex public service messages, there may be a deeper, systematic human interactional reason for the rise in barebacking.

Feelings of personal inadequacy, the desire to be loved or accepted by an individual or the greater gay community, the recurring processes of mixed messages concerning HIV seroconversion and what living with AIDS represents, and a higher resentment or reactance level among various gay men all point to something which, at a surface level, defies logical parameters of health messages. While it is clear from the data and analysis that more studies exploring these areas are needed, we as communication scholars must approach the societal issues from the systemic interactional view, not just the logical cause/effect perpetuated by other disciplines.

While paradox may seem to exist and baffle many social scientists, researchers in human communication must, at times, abandon simple logical explanations, grab the proverbial stick dangling above our heads, and strike whatever Zen-like-paradox is presented. At this point, we too, can achieve enlightenment or *satori.*

REFERENCES

Altman, L. K. (1995, January 31). AIDS is now the leading killer of Americans from 25 to 44. *The New York Times*, p. A26.

Ajzen, I. (1988). *Attitudes, personality and behavior*. Milton Keyes, England: Open University Press.

Anderson, J. A. (1996). *Communication theory: Epistemological foundations*. New York: Guilford Press.

Anderson, N.H. (1971). Integration theory and attitude change. *Psychological Review, 78* (4), pp. 171-206.

Andriote J. M. (1999). *Victory deferred: How AIDS changed gay life in America*. Chicago, IL: The University of Chicago Press.

Aspinwall, L., Kemeny, M., Taylor, S., Schneider, S., & Dudley, J. (1991). Psychosocial predictors of gay men's AIDS risk-reduction behavior. *Health Psychology, 10*(6), pp. 432-444.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman.

Barthes, R. (1988). *Essays on semiotics: The semiotic challenge* (R. Howard, trans.). New York: Hill and Wang.

Becker, E. (1973). *The denial of death*. New York: The Free Press.

Bell, A. P., Weinberg, M. S., & Hammersmith, S. K. (1981). *Sexual preference: Its development in men and women*. Bloomington, IN: Indiana University Press.

Bell, A. P., & Weinberg, M. S. (1978). *Homsexualities: A study of diversity among men and women.* New York: Simon and Schuster.

Bernstein, R. J. (1976). *The restructuring of social and political theory.* New York: Harcourt Brace Janovich.

Biddle, S. J., & Nigg, C. R. (2000). Theories of exercise behavior. *International Journal of Sport Psychology, 31*(4), pp. 290-304.

Bieber, I. (1962). *Homosexuality: A psychoanalytic study.* New York: Basic Books.

Blechner, M. J. (1993). Psychoanalysis and HIV disease. *Contemporary Psychoanalysis, 29*(2), pp. 61-80.

Blechner, M. J. (1997). *Hope and mortality: Psychodynamic approaches to AIDS and HIV.* Hillsdale, NJ: The Analytic Press.

Blechner, M. J. (1998). On sexuality in the age of AIDS. *International Journal of Psycho-Analysis, 79*(5), pp. 1007-1008.

Blechner, M. J. (1999). Psychoanalytic approaches to the AIDS epidemic. In H. Kaley, M. Eagle, & D. Wolitsky (Eds.), *Psychoanalytic therapy as health care* (pp. 199-220). Hillsdale, NJ: The Analytic Press.

Blechner, M. J. (2002). Intimacy, pleasure, risk and safety: Commentary on Cheuvront's "High-risk sexual behavior in the treatment of HIV-negative patients." *Journal of Gay and Lesbian Psychotherapy, 6*(3), pp. 27-34.

Blood, R., & Wolfe, D. M. (1960). *Husbands and wives.* New York: Free Press.

Bobrow, D. & Dryzek, J. (1987). *Policy analysis by design*. Pittsburgh, PA: University of Pittsburgh Press.

Boswell, J. (1981). *Christianity, social tolerance, and homosexuality*. Chicago, IL: The University of Chicago Press.

Brehm, J. W. (1966). *A theory of psychological reactance*. New York: Academic.

Brehm, S. S. & Brehm, J. W. (1981). *Psychological reactance: A theory of freedom and control*. New York: Academic.

Bochner, A. P., & Eisenberg, E. M. (1987). Family process: Systems perspectives. In C. R. Berger & S. H. Chaffee (Eds.), *Handbook of Communication Science* (pp. 540-563). Newbury Park, CA: Sage.

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Broverman, I. K., Broverman, D. M., Clarkson, F. E., Rosenkrantz, P. A., & Vogel, S. R. (1972). Sex-role stereotypes and clinical judgments of mental health. *Journal of Consulting Psychology, 34*(3), pp. 1-7.

Brown D. (1996, January 8). AIDS toll falls by half in New York health officials say new funds, drugs, may drive trend. *The Washington Post*, p. A7.

Brown D. (1997, February 28). US deaths from AIDS fall sharply better therapies get part of credit for drop. *The Washington Post*, p. C12.

Buboltz, W. C., Jr., & Woller, L. M. P. (1997). *Myers-Briggs type indicator and psychological reactance*. Paper presented at the 105th annual convention of the American Psychological Association, Chicago, IL.

Buboltz, W. C., Jr., Woller, K. M. P., & Pepper H. (1999). Holland code type and psychological reactance. *Journal of Career Assessment, 7*(4), pp. 161-172.

Carrier, J. M. (1980). Homosexuality in cross-cultural perspective. In J. Marmor (Ed.), *Homosexual Behavior* (pp. 76). New York: Basic Books.

Carrier, J. (1995). *De los otros: Intimacy and homosexuality among Mexican men.* New York: Columbia University Press.

Cash, T. F., & Pruzinsky, T. (1990). *Body images, development, deviance, and change*. New York: Guilford.

Charney, D. (2000, May). *Post traumatic stress disorder*. NIMH Constituency Outreach and Education Program Meeting, 2(5), pp. 48-56.

Cheuvront, J. P. (2002). High-risk sexual behavior in the treatment of HIV-negative patients. *Journal of Gay and Lesbian Psychotherapy, 6*(3), pp. 7-26.

Clarke, D. D. (1985). *Action systems: An introduction to the analysis of complex behaviour*. New York: Methuan.

Connell, R. W. (1990). A whole new world: Remaking masculinity in the context of the environment movement. *Gender & Society, 4*(4), pp. 452-478.

Connor S., & Kingman, S. (1988). *The search for the virus: The scientific discovery of AIDS and the quest for a cure*. New York: Penguin Books.

Craib, K. J. P., Weber, A. C., Cornelisse, P. G., Martindale, S. L., Miller, M., Schechter, M. T., Strathdee, S., Schilder, A., & Hogg, R. S. (2000). Comparison of sexual behaviors, unprotected sex, and substance use

between two independent cohorts of gay and bisexual men. *AIDS, 14*(3), pp. 303-311.

Craig, R. T. (1999). Communication theory as a field. *Communication Theory, 9*(2), pp. 119-161.

Crosbie-Brunett, M., & Lewis, E.A. (1993). Theoretical contributions from social and cognitive behavioral psychology. In P. G. Boss, W. J. Dohetry, R. LaRossa, W. R. Schumm, & S. K, Streinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 93-112). New York: Plenum Press.

Crossley, M. L. (2002). The perils of health promotion and the 'barebacking' backlash. *Health, 6*(2), pp. 47-68.

Darrow, W.W. (1991). AIDS: Socioepidemiologic responses to an epidemic. In R. Ulack & W. Skinner (Eds.), *AIDS and the social sciences: Common threads* (pp. 12-19). Lexington, KY: The University of Kentucky Press.

DeCecco, J. P., & Shively, M. G. (1978). A study of perceptions of rights and needs in interpersonal conflicts in homosexual relationships. *Journal of Homosexuality, 3*(3), pp.205-216.

Denniston, R. H. (1980). Ambisexuality in animals. In J. Marmor (Ed.), *Homosexual behavior* (pp. 231-248). New York: Preager.

Delia, J. G. (1987). Communication research: A history. In C. R. Berger and S. H. Chaffee (Eds.) *Handbook of communication science* (pp. 24-76). Newbury Park, CA: Sage.

Dervin, B., Grossberg, L., O'Keefe, B., & Wartella, E. (1989). *Rethinking communication: Paradigm issues (Vol. 2).* Newbury Park, CA: Sage.

Dillard, J.P. & Pfau, M. (2002). *The persuasion aandbook: Developments in theory and practice.* Thousand Oaks, CA: Sage.

Dillon, B., (2000). *Primary HIV infections associated with oral transmission.* Abstract 473. 7th Conference on retroviruses and opportunistic infections. San Francisco, CA.

Dion, K., Berscheid, E., and Walster, E. (1972). What is beautiful is good. *Journal of Personality and Social Psychology, 24*(2), pp. 258-290.

Dowd, E. T. (1999). Toward a briefer therapy: Overcoming resistance and reactance in the therapeutic process. In W. J. Mathews & J. H. Edgette (Eds.), *Current thinking and research in brief therapy (Vol. 3)* (pp. 263-286). New York: Brunner/Mazel.

Dowd, E. T., Hughes, S., Brockbank, L., Halpain, D., Seibel, C., & Seibel, P. (1988). Compliance-based and defiance-based intervention strategies and psychological reactance in the treatment of free and unfree behavior. *Journal of Counseling Psychology, 35*(4), pp. 363-369.

Dowd, E. T., Milne, C. R., & Wise, S. L. (1991). The therapeutic reactance scale: A measure of psychological reactance. *Journal of Counseling and Development, 69*(2), pp. 541-545.

Dowd, E.T., & Seibel, C. (1990). A cognitive theory of resistance and reactance: Implications for treatment. *Journal of Mental Health Counseling, 12*(5), pp. 458-469.

Dowd, E. T., Wallbrown, F., Sanders, D., & Yesenosky, J. M. (1994). Psychological reactance and its relationship to normal personality variables. *Cognitive Therapy and Research, 18*(2), pp. 601-612.

Drescher, J. (1998). *Psychoanalytic therapy and the gay man*. New York: Analytic Press.

Ekstrand, M. L. (1992). Safer sex maintenance among gay men: Are we making any progress? *AIDS, 6*(4), pp. 875-877.

Elwood, W. N. Greene, K, & Carter, K. K. (2003). Gentlemen don't speak: Communication norms and condom use in bathhouses. *Journal of Applied Communication Research, 31*(4).

Fasteau, M. F. (1974). *The male machine*. New York: McGraw Hill.

Fay, B. (1976). *Social theory and political practice*. New York: Holmes and Meier.

Featherstone, M. (1991). The body in consumer culture. In: M. Featherstone, M. Hepworth, & B. S. Turner (Eds.), *The body social: Process and cultural theory* (pp. 170-196). New York: The Guilford Press.

Feiman, S., & Gill, G. (1978). Sex differences on physical attractiveness preferences. *The Journal of Social Psychology, 105*(4), pp. 43-52.

Fein, C. (2000). *The Gift*. Annoy.com

Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford, CA: Stanford University Press.

Fischer, F. (1980). Politics, values, and public policy: The problem of methodology. Boulder, CO. In John Forester. (Eds.). 1987. *Confronting Values Policy Analysis: The Politics of Criteria*. Newbury Park, CA: Sage Publications.

Fitzpatrick, R., Boulton, M., Hart, G., Dawson, J., & McLean, J. (1989). High risk sexual behaviour and condom use in a sample of homosexual and bisexual men. *Health Trends, 21*(3), pp. 76-79.

Forstein, M. (1984), The psychosocial impact of the acquired immunodeficiency syndrome. *Semin. Oncol., 11*(1), pp. 77-82.

Forstein, M. (1992), The neuropsychiatric aspects of HIV infection. *Primary Care, 19*(1), pp. 97-117.

Forstein, M. (2000). Psychosocial issues in antiretroviral treatment. *New Directions in Mental Health Services, 87*(3), pp. 17-24.

Forstein, M. (2002). Commentary on Cheuvront's "High-risk sexual behavior in the treatment of HIV-negative patients." *Journal of Gay and Lesbian Psychotherapy, 6*(3), pp. 35-44.

Foucault, M. (1978, 1980). *The history of sexuality (Vol. 1): An introduction.* (R. Hurley, Trans.). New York: Random House.

Freud, S. (1905). Three essays on the theory of sexuality. In: J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud (Vol. 7)* (pp.). London: Hogarth Press.

Froman, P. (1985). Dangerous agendas of sexual promiscuity. *Frontiers,* (3), pp.6-13.

Fuss, D. (1991*). Inside/out: Lesbian theories, gay theories*. London: Routledge.

Gagnon , J. & Simon, W. (1973). *Sexual Conduct*. Chicago, IL: Aldine.

Garner, D. M. (1997, February). The 1997 Body Image Survey Results. *Psychology Today, 30*(1), pp. 30-78.

Gerbner, G. (1998). Cultivation analysis: An overview. *Mass Communication & Society, 1*(3/4), pp. 175-194.

Gershman, H. (1983). Sexual permissiveness and its consequences. In L. B. Schlesinger & E. Revitch (Eds.), *Sexual Dynamics of Anti-social Behavior* (pp. 75-87). Springfield, IL: Thomas.

Gitlin, T. (1978). Media sociology: the dominant paradigm. *Theory and Society, 6*(1), pp. 206-253.

Glasser, B. & Strauss, A. (1977). *The discovery of grounded theory: Strategies for qualitative research.* Chicago, IL: Aldine.

Gleick, J. (1987). *Chaos: The making of a new theory*. New York: Viking.

Goemer, R. (1993). *Order from chaos: Practical uses of random systems*. New York: Aldine.

Gold, R. (1999). Gay men's stereotypes about who is HIV infected: A further study. *International Journal of STD & AIDS: 10*(9), pp. 600-605.

Gold, R., Skinner, M., & Ross, M. (1992). Situation factors and thought processes associated with unprotected intercourse in young gay men. *AIDS, 6*(2), pp. 59-77.

Gold, R., Skinner, M., & Ross, M. (1994). Unprotected anal intercourse in HIV-infected and non-HIV infected gay men. *Journal of Sex Research, 31*(1), pp. 59-77.

Goode, E. & Troiden, R. R. (1980). Correlates and accompaniments of promiscuous sex among male homosexuals. *Psychiatry, 43*(1), pp. 51-59.

Gottlieb, M. S., Schroff, R., Schanker, H. M., & Weisman, J. D. (1981). Pneumocystis carinii pneumonia and mucosal candidiasis in previously healthy homosexual men: Evidence of a new acquired cellular immunodeficiency. *New England Journal of Medicine, 305*(24), pp. 1425-1431.

Greene, J., O'Hair, D., Cody, M., & Yen, C. (1985). Planning and control of behavior during deception. *Human Communication Research, 11*(1), pp. 335-364.

Greene, J. (1984). A cognitive approach to human communication: An action assembly theory. *Communication Monographs, 51*(1), pp. 295-301.

Greene, J. (1989). The Stability of nonverbal behavior: An action-production approach to problems of cross-situational consistency and

discriminativeness. *Journal of Language and Social Psychology, 8*(3), pp. 193-220.

Greene, J. (1984). Evaluating cognitive explanations of communicative phenomena. *Quarterly Journal of Speech, 70*(1), pp. 241-254.

Greene, J. (1989). Action assembly theory: Metatheoretical commitments, theoretical propositions, and empirical applications. In B. Dervin, L. Goldberg, B. J. O'Keefe, & E. Wartella (Eds.), *Rethinking Communication (Vol. 2): Paradigm Exemplars* (pp. 121-143) Newbury Park, CA: Sage.

Griffin, E. M. (2003). *A first look at communication theory*. New York: McGraw-Hill.

Gross, A. (1978). The male role and heterosexual behavior. *Journal of Social Issues, 34*(1), pp. 87-107.

Gudykunst, W. B. (1995). Anxiety/uncertainty management theory: Current status. In R. L. Wiseman (Ed.), *Intercultural communication theory* (pp.), Thousand Oaks, CA: Sage.

Hall, A. D., & Fagen, R. E. (1956). Definition of a system. *General Systems Yearbook, 1*(18), pp. 18-28.

Halone, K, (1998). *The structuration of (non)deceptive workplace communication: Identifying the system and structure of organizational communication.* Unpublished Dissertation, University of Oklahoma, Norman, OK.

Halone, K, (2003, March). *(Re)Aligning the Discipline.* Paper presented to the International Listening Association's Conference. Fort Myers, FL.

Halpert, S. C. (1999*). Suicidal behavior among gay male youth: Fact or fiction?* Dayton, OH: University of Dayton Press.

Harry, J., & DeVall, W. B. (1978). *The social organization of gay males*. New York: Vantage Press.

Hart, T. A., Wolitski, R. J., Purcell,D. W., Gomez, C., & Halkitis, P. (2003). Sexual behavior among HIV-positive men who have sex with men: What's in a label? *Journal of Sex Research, 40*(3), pp. 179-188.

Hawkesworth, M. E. (1988). *Theoretical issues in policy analysis*. Albany, NY: SUNY Press.

Hearts Foundation. (2002). Press release: *The Year in Review*. Chicago, IL.

Heylighen, F., & Joslyn, C., (2004). What is cybernetics. In: F. Heylighen, C. Joslyn, and V. Turchin (Eds.), *Principia Cybernetica Web,* URL: http://pespmc1.vub.ac.be.

Hickson, M., and Stacks, D. (1993). *NVC—nonverbal communication: Studies and applications (3rd ed.)*. Dubuque, IA: William Brown.

Hite, S. (1976). *The Hite Report*. New York: Macmillan.

Hoff, C., Stall, R., Paul, J., Acree, M., Daigle, D., Phillips, K., Kegeles, S., Jinich, S., Ekstrand, M., & Coates, T. (1997). Differences in sexual behavior among HIV discordant and concordant gay men in primary relationships.

Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology 14(7), pp. 72-78.

Hofferbert, R. I. (1990). *The reach and grasp of policy analysis*. Tuscaloosa, AL: University of Alabama Press.

Hoffman, M. (1968). *The gay world: Male homosexuality and the social creation of evil*. New York: Basic Books.

Hu, J. (1991). The nondesignability of living systems: A lesson from the failed experiments in socialist countries. *The Cato Journal: An Interdisciplinary Journal of Public Policy Analysis, 11*(1), pp. 54-71.

Huck, N. O. (1998). *Psychological reactance and Million's personality theory: An integrative comparison*. Kent, OH: Kent State University Press.

Hunt, A. J., Davies, P. M., Weatherburn, P., Coxon, A. P. M., & McManus, T. J. (1991). Sexual partners, penetrative sexual partners and HIV risk. *AIDS, 5*(3), pp. 723-728.

Hymes, K. B., Greene, J. B., & Marcus, A. (1981). Kaposi's sarcoma in homosexual men: A report of eight cases. *Lancet, 2*(8), pp. 598-600.

Jablin, F. M., & Krone, K. J. (1994). Task/work relationships: A life-span perspective. In M. L. Knapp & G. R. Miller (Eds.), *Handbook of Interpersonal Communication* (pp. 114-140). Thousand Oaks, CA: Sage.

Janz, N. K., & Becker, M. H. (1984). The health belief model: A decade later. *Health Education Quarterly, 11*(3), pp. 1-47.

Jay, K., & Young, A. (1977). *After you're out*. New York: Pyramid Publishers.

Johnson, P., Buboltz, W. C., & Nichols, C. N. (1991). Parental divorce, family functioning, and vocational identity of college students. *Journal of Career Development, 26*(2), pp.137-146.

Johnson, P., & McNeil, K. (1998). Predictors of developmental task attainment for young adults from divorced families. *Contemporary Family Therapy, 20*(6), pp. 237-250.

Johnson, P., & Nelson, M. D. (1998). Parental divorce, family functioning, and college student development: An intergenerational perspective. *Journal of College Student Development, 39*(3), pp. 335-363.

Johnson, P., Wilkinson, W. K., & McNeil, K. (1995). The impact of parental divorce on the attainment of the developmental tasks of young adulthood. *Contemporary Family Therapy, 17*(1), pp. 249-264.

Jones, J. W. (1989). Personality and epistemology: Cognitive social learning theory as a philosophy of science. *Zygon, 24*(1), p. 23-38.

Kamradt, T., Niese, D., & Vogel F. (1982). Slim disease (AIDS). *Lancet, 2*(3), p. 1425.

Katzman, M., & Lee, S. (1997). Beyond body image: The integration of feminist and transcultural theories in the understanding of self-starvation. *International Journal of Eating Disorders, 22*(1), pp. 385-394.

Kelman, H. & Warwick, D. (1978). The ethics of social intervention: Goals, means, and consequences. In G. Bermant, H. Kelman, & D. Warwick (Eds.), *The ethics of social intervention*. New York: John Wiley.

Kinsey, A. C., Pomeroy, W. B., & Martin, C .E. (1948). *Sexual behavior in the human male*. Philadelphia, PA: W.B. Saunders.

Klingle, R. S. (1996). Physician communication as a motivational tool for long-term patient compliance: Reinforcement expectancy theory. *Communication Studies, 47*(1), pp. 206-217.

Kolata G, (1993, March 31). Suspected early hiding place of AIDS virus is confirmed. *The New York Times*, p. A9.

Kreps, D. M. (1988). *Notes on the theory of choice, Underground classics in economics.* New York: Westview Press.

Kreps, G. L., & Thornton, B. C. (1992). *Health communication: Theory and practice, (2nd ed.).* Prospect Heights, IL: Waveland Press

Krippendorff, K. (1993). Conversation or intellectual imperialism in comparing communication (theories). *Communication Theory, 3* (1), pp. 252-266.

Kurdek, L. A., & Schmitt, J. P. (1986). Relationship quality of gay men in closed or open relationships. *Journal of Homosexuality, 12*(4), pp. 85-99.

Leeds-Hurwitz, W. (1996). A social account of symbols. In J. Stewart (Ed.), *Beyond the symbol model: Reflections on the representational nature of language* (pp. 72-86). Albany, NY: SUNY Press.

Levitt, E. E., & Klassen, A. D. (1974). Public attitudes toward homosexuality: Part of the 1970 national survey by the Institute of Sex Research. *Journal of Homosexuality, 1*(2), pp. 29-43.

Levy, M. R., & Gurevitch, M. (1993). *Defining media studies: Reflections on the future of the field.* Oxford/New York: Oxford University Press.

Littlejohn, S.W. (1998). *Theories of human communication (6th Ed.).* Belmont, CA: Wadsworth.

Littlejohn, S.W. (2002). *Theories of human communication (7th Ed.).* Belmont, CA: Wadsworth.

Lorge, G. (2003, July 29). HIV diagnosis rise among gay and bisexual men: Other high-risk groups show stable infection rate. *The Atlanta Journal-Constitution*, p. A1.

Lowy, E., & Ross, M. (1994). It'll never happen to me: Gay men's beliefs, perception and folk constructions of sexual risk. *AIDS Education and Prevention, 6*(6), pp. 467-482.

Mann J., Kapita B., & Colebunders, R. (1986). Natural history of human immunodeficiency virus infection in Zaire. *Lancet, 2*(2), pp. 707-709.

Mann, J. M. (1989). AIDS: A worldwide pandemic. M. S. Gottlieb, D. J. Jeffries, D. Mildvan, A. J. Pinching, T. C. Quinn, & R. A.Weiss (Eds.), *Current topics in AIDS, Volume 2* (pp. 272-294). New York: Basic Books.

Mansergh, G., Marks, G., Colfax, G. N., Guzman, R., Rader, M., & Buchbinder, S. (2002). 'Barebacking' in a diverse sample of men who have sex with men. *AIDS, 16*(4), pp. 653-659.

Mansergh, G., Marks, G., Rader, M., Colfax, G. N., & Buchbinder, S. (2003). Rectal use of nonoxynol-9 among men who have sex with men. *AIDS, 17*(6), pp. 905-909.

Marmor, J. (1980). *Homosexual behavior: A modern reappraisal.* New York: Basic Books.

Martin, J.L. (1987). The impact of AIDS on gay male sexual behavior patterns in New York City. *American Journal of Public Health, 77*(1), pp. 578-81.

Marx, J. L. (1982, August). New disease baffles medical community. *Science, 13*(217), pp. 618-619.

Masters, W. H., & Johnson, V. E. (1966, 1979). *Homosexuality in perspective*. New York: Little, Brown & Company.

Masur, H., Michelis M. A., Greene J. B., Onorato, I., Stouwe, R. A., Holzman, R. S., Wormser G., Brettman L., Lange M., Murray H. W. & Cunningham-Rundles, S. (1981). An outbreak of community acquired Pneumocystis carinii pneumonia: Initial manifestation of cellular immune dysfunction. *The New England Journal of Medicine, 305*(24), pp. 1431-1438.

May, R. (1980). *Sex and fantasy: Patterns of male and female development*. New York: Norton & Company.

Marcus, B. H., & Owen, N. (1992). Motivational readiness, self-efficacy and decision-making for exercise. *Journal of Applied Social Psychology, 22*(1), pp. 3-16.

Maugh II, T. (1996, July 12). Studies of combined HIV drugs promising health: Experts at AIDS conference unveil early results showing treatment involving certain medications reduces virus to undetectable levels. *The Los Angeles Times*, p. A15.

Mattison, A. M., Ross, M. W., Wolfson, T., & Franklin, D. (2001). Circuit party attendance, club drug use and unsafe sex in gay men. *Journal of Substance Abuse, 13*(2), pp. 119-126.

McAuley, E., & Mihalko, S. L. (1998). Measuring exercise-related self-efficacy. In J. L. Duda (Ed.), *Advances in sport and exercise psychology measurement* (pp.). Morgantown, WV: Fitness Information Technology, Inc.

McLeod, J. M., & Blumler, J. (1989). The macrosocial level of communication science. In C. R. Berger, & S. H. Chaffee (Eds.), *Handbook of Communication Science* (pp. 239-270). Newbury Park, CA: Sage.

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly, 15*(3), pp. 351-377.

McNall, M. & Remafedi, G. (1999). Relationship of amphetamine and other substance use to unprotected intercourse among young men who have sex with men. *Pediatrics and Adolescent Medicine, 153*(11), pp 1130-1135.

Mead, G. (1934). *Mind, self, and discovery*. Chicago, IL: University of Chicago Press.

Mead, M. (1949, 1967). *Male and female*. New York: Morrow.

Mehrabain, A. (1971). *Silent messages*. Belmont, CA: Wadsworth.

Mellon, C. T. (1990). *Epistemological principles guiding theory creation.* Thousand Oaks, CA: Sage.

Miller, D. C. (1993). *Handbook of research design and social measurement.* Newbury Park, CA: Sage.

Miller, D. C. (2003). *Substance and justification.* Newbury Park, CA: Sage.

Miller, N., & Dollard, J. (1941). *Social learning and imitation*. New Haven, CT: Yale University Press.

Minuchin, S. (1974). *Families & family therapy*. Cambridge, MA: Harvard University Press.

Miskind, M., Rodin, J., Silberstein, L., & Striegel-Moore, R. (1986). The embodiment of masculinity. Cultural, psychological, and behavioral dimension. *American Behavioral Scientist, 29*(4), pp. 545-562.

Monahan, J. L., Miller, L. C., & Rothspan, S. (1997). Power and intimacy: On the dynamics of risky sex. *Health Communication, 9*(4), pp. 303-321.

Moos, R. H., & Moos, B. S. (1986). *Family environment scale manual (2nd ed.).* Palo Alto, CA: Consulting Psychologist Press.

Monge, P. R. (1977). The systems perspective as a theoretical basis for the study of human communication. *Communication Quarterly, 25*(1), pp. 19-29.

Morse, M. (1983). Sport on television: Replay and display. In E. A. Kaplan (Ed.), *Regarding television: Critical approaches—an Anthology*. Los Angeles, CA: University Publications of America.

Moser, C. A. & Kaldon, G. (1972). *Survey methods in social investigation.* New York: Basic Books.

Murphy, G., Charlett, A., Jordan, L. F., Osner, N., Gill, N., & Parry, J. V. (2004). HIV incidence appears constant in men who have sex with men despite widespread use of effective antiretroviral therapy. *AIDS, 18*(2), pp. 265-272.

Nigg, C. R., & Courneya, K. S. (1998). Transtheoretical model: Examining adolescent exercise behavior. *Journal of Adolescent Health, 22*(4), pp. 214-224.

Nobile, P. (1979). The meaning of gay: An interview with Dr. C.A. Tripp. The New Yorker, pp. 36-41.

Northouse, P. G., & Northouse, L. L., (1992). *Health communication: Strategies for health professionals.* Stamford, CT: Appleton & Lange.

Odets, W. (1995). *In the shadow of the epidemic: Being HIV negative in the age of AIDS.* Durham, NC: Duke University Press.

Orange, D. (1996), A philosophical inquiry into the concept of desire in psychoanalysis. *Psychoanalysis and Psychotherapy, 13*(2), pp. 123-129. In: *Sexualities Lost and Found: Lesbians, Psychoanalysis and Culture*,

(Ed.). E. Gould & S. Kiersky. Madison, CT: International Universities Press, 2001.

Orange, D., Atwood, G., & Stolorow, R. (1997). *Working intersubjectively: Contextualism in psychoanalytic practice.* Hillsdale, NJ: The Analytic Press.

Orange, D. M., Stolorow, R. D., & Atwood, G. E. (2002). *Worlds of experience: Interweaving philosophical and clinical dimensions in psychoanalysis.* New York: Basic Books.

Ovesy, L., & Woods, S. (1980). Pseudohomosexuality and homosexuality in men. In J. Marmor (Ed.), *Homosexual behavior* (pp. 39-56). New York: Basic Books.

Palmentera, C. M. (1996). *Psychological reactance, stress, and coping styles.* Kent, OH: Kent State University Press.

Parker, D. (1926). *Enough Rope*. New York: Preager.

Parsons, T. (1956). Suggestions for a sociological approach to the theory of organizations. *Administrative Science Quarterly, 63*(), pp. 225-239.

Pear, R. (1997, November 26). New UN estimate doubles rate of spread of AIDS virus. *The New York Times*, p. A12.

Peplau, L. A., Rubin, Z., & Hill, C. T. (1977). Sexual intimacy in dating couples. *Journal of Social Issues, 33*(2), pp. 86-109.

Perry, C. L., Baranowski, T., & Parcel, G. S. (1990). How individuals, environments, and health behavior interact: Social learning theory. In K.

Glanz, F. M. Lewis, & B. K. Rimer (Eds.), *Health behavior and health education* (pp. 34-66). San Francisco, CA: Jossey-Bass.

Pleck, J. (1981, September). Prisoners of maleness. *Psychology Today*, 220(4), pp. 69-83.

Popper, K. (1959). *The logic of scientific discovery*. London: Heineman Publishers.

Proctor. R. N. (1991). *Value-free science? Purity or power in modern knowledge*. Cambridge, MA: Harvard University Press.

Putt, A. D., & Springer, F. (1989). *Policy research: Concepts, methods, and applications*. New York: Prentice Hall.

Quick, B. L. (2003, November). *The presence of threatening messages in anti-drug print ads directed at parents: Psychological reactance theory as a framework for message construction.* Paper presented at the annual meeting of the National Communication Association, Miami, FL.

Rainwater, L. (1965). *Family Design*. Chicago, IL: Aldine.

Raiscot, J. (1983). *Jury selection, body language, and the visual trial*. Minneapolis, MN: Burgess.

Ray, E. B., & Donohew, L. (1990). *Communication and health systems and applications.* Hillsdale, NJ: Lawrence Erlbaum Associates.

Reynolds, P. D. (1971). *A primer in theory construction.* New York: Prentice Hall.

Rogers, E. M. (1994). *The history of communication study: A biographical approach.* New York: Free Press.

Rogers, R.W. (1983). Cognitive and physiological processes in fear appeals and attitude change: A revised theory of protection motivation. In J. R. Cacioppo & R. E. Petty (Eds.), *Social Psychology: A Sourcebook* (pp. 549-573). New York: Guilford Press.

Roper, W. (1993). Health communication takes on new dimensions at CDC. *Public Health Reports, 108*(2), pp. 179-183.

Sabatier, P., & Jenkins-Smith, H. (1994). *Policy change and learning: An advocacy coalition approach*. Boulder, CO: Westview.

Sallis, J. F., & Hovell, M. F. (1990). Determinants of exercise behavior. *Exercise and Sport Sciences Reviews, 18*(1), pp. 307-330.

Schlenker, B. (1980). *Impression management*. Monterey, CA: Brooks/Cole.

Shainess, N. (1983). Nymphomania, hostile sex, and super ego development. In L. B. Schelesinger, & E. Revitch, (Eds.), *Sexual dynamics of antisocial behavior* (pp. 119-135). Springfield, IL: Charles Thomas.

Sherif, C., Sherif, M., & Nebergall, R. (1965). *Attitude and attitude change: The social judgment-involvement approach.* Philadelphia, PA: Saunders.

Shernoff, M. (2003). Condomless sex: Mental health issues in working with gay men who have unprotected anal intercourse. *5 Boroughs AIDS Mental Health Alliance, 5*(3), pp. 1-2.

Shilling, C. (1993). *The body and social theory*. London: Sage.

Shriver, M. (Reporter) (2002, September, 12). Jamie Lee Curtis keeps it real. *Dateline NBC* [Television Broadcast]. New York: NBC News.

Silverstein, C. (1980). *Man to Man*. New York: Morrow and Company.

Spada, J. (1979). *The Spada Report: The newest survey of gay male sexuality*. New York: New American Library.

Stevenson R. W. (1991, November 8). Magic Johnson ends his career, saying he has AIDS infection. *The New York Times*, p. D1.

Stice, E. (1994). Review of the evidence for a sociocultural model of bulimia nervosa and an exploration of the mechanisms of action. *Clinical Psychology Review, 14* (4), pp. 633-661.

Stine G. J. (1996). *Acquired immune deficiency syndrome: Biological, medical, social and legal issues* (2nd ed.). New York: Prentice Hall.

Stoller, R. J. (1975). *Perversion: The erotic form of hatred*. New York: Pantheon Books.

Stolorow, J., & Atwood, G. E. (1992). Contexts of being: The intersubjective foundations of psychological life. In (Ed.), *Psychoanalytic Inquiry Book Series: Vol.12* (pp. 9-13). Hillsdale, NJ: The Analytic Press.

Striegel-Moore, R., Silberstein, L., & Rodin, J. (1986). Toward an understanding of risk factors for bulimia. *American Psychologist, 102*(5), p. 297-303.

Sullivan, H. S. (1956). *Clinical studies in psychiatry*. New York: WW Norton.

Suppe, F. (1981). The Bell and Weinberg study: Future priorities for research on homosexuality. *Journal of Homosexuality, 6*(1), p. 69-97.

Sussman, E. (2000). AIDS could rise again in the US, statistics show. In C. Grayson (Rev.), *WebMD health archive* at www.my.webmd.com/content/article/26/1728_59190.

Sylvia, R. D. (1991). *Program planning and evaluation for the public manager*. Prospect Heights, IL: Waveland.

Symons, D. (1979). *The evolution of human sexuality*. New York: Oxford University Press.

Synnott, A. (1993). *The body social: Symbolism, self and society*. London: Routledge.

Tanke, E. (1982). Dimensions of the physical attractiveness stereotype: A factor-analytic study. *Journal of Psychology, 110* (3), p. 63-74.

Taylor, R. (1994). *Introduction to qualitative methods*. New York: Longman Publishing.

Thomas, R. M. (1990). Social learning theory. In R. M. Thomas (Ed.), *The encyclopedia of human development and education: Theory, research, and studies*. New York: Pergamon Press.

Tilton, D. (2003). *Post traumatic stress disorder: Understanding the pain*. New York: McGraw-Hill.

Toohey, M. (2002). *Behavioral, cognitive, and affective characteristics of HIV+ gay men who practice unprotected anal intercourse*. Alameda, CA: The California School of Professional Psychology.

Tripp, C. (1975). *The homosexual matrix*. New York: McGraw-Hill.

Trivers, R. L. (1972). Parental investment and sexual selection. In B. Campbell (Ed.), *Sexual selection and the descent of man, 1871-1971*. Chicago, IL: Aldine.

Troiden, R. (1980). Correlates and accompaniments of promiscuous sex among male homosexuals. *Psychiatry, 43*(1), p. 51-59

Tseelon, E. (1995). *The masque of femininity. The presentation of woman in everyday life.* London: Sage.

Turkington, C. (1999). Post-traumatic stress disorder. *Gale Encyclopedia of Medicine. Edition 1.*

Umpleby, S.A., (1987). Science One and Science Two. Research memorandum. In: *The Knowing-Doing Loop and its Associated Scopes: A Model of Cognition and Communications based on recent work in Systems Theory and Cybernetics.* By Jixuan Hu. Washington, DC: The George Washington University Press.

UNAIDS. (1997). Report on the global HIV? *AIDS Epidemic*. December, 1997.

Vass, A. (1986) AIDS: A plague in us. *Venus Academia*, p. 25.

Watzlawick, P., Beavin, J. H., & Jackson, D. D. (1967). *Pragmatics of human communication*. New York: W. W. Norton.

Weatherburn, P., Hunt, A. J., Davies, P. M., Coxon, A. P. M., & McManus, T. J. (1991). Condom use in a large cohort of homosexually active males. *AIDS Care, 3*(1), pp. 31-41.

Weeks, J. (1985). Sexuality and its discontents: Meanings, myths and modern sexualities. London: Routledge.

Weick, K. (1995). What theory is not, theorizing is. *Administrative Science Quarterly, 40*(6), pp. 385-390.

Weinberg, G. (1973). *Society and the healthy homosexual*. New York: Anchor Books.

Wellings K. (1988). Perceptions of risk, media treatment of AIDS. In: Appleton, & Homans (Eds.), *Social aspects of AIDS* (pp. 53-62) New York: Falmer Press.

Whitechurch, G. G., & Constantine, L. L. (1993). Systems theory. In P. G. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz (Eds.), *Sourcebook of family theory and methods: A contextual approach* (pp. 325-352). New York: Plenum.

Wilkins, J. L. (1981). *A comparative study of male homosexual personality factors: brief cruising encounters vs. ongoing relationships*. Melbourne, FL: Florida Institute of Technology Press.

Wilmot, W. W. (1995). *Relational communication*. New York: McGraw-Hill.

Wilson, E. O. (1978). *On human nature*. New York: Bantam Books.

Wood, J. T. (2004). *Communication theories in action. (3rd ed.).* Belmont, CA: Wadsworth.

Woodward, W. R. (1982). The "discovery" of social behaviorism and social learning theory, 1870-1980. *American Psychologist, 37*(4), pp. 396-410.

Yep, G. A., Lovaas, K. E., & Pagonis, A. V. (2002). The case of "riding bareback": Sexual practices and the paradoxes of identity in the era of AIDS. *Journal of Homosexuality, 42*(1): 1-14.

Zola, M. (1981). *All the good ones are married.* New York: Anchor Books.

APPENDIX

Questionnaire

Note: The questionnaire will be copied onto 8.5 x 11inch paper and folded in half creating a single-page book.

INFORMED CONSENT

The questionnaire in which you are about to participate is designed to investigate the relationship between communicative reactance and safe sex practices. The Institutional Review Board of the University of Tennessee has approved this experiment.

In this questionnaire you will be asked about the degree of agreement/disagreement to statements concerning condom usage, personal opinions on safe sex, and casual views on society. There are also demographic questions at the end of the booklet.

Please be assured that any information that you provide will be held in strict confidence by the researcher. At no time will your name be reported along with your responses. All data will be reported as a group form only.

Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study without penalty, and to remove any data that you may have contributed.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age. My consent is signified by the completion of the questionnaire.

	Circle the number that mostly matches your agreement or disagreement for each of the statements asked. Circle 1 for Strongly Disagree, 2 for Disagree, 3 for Agree, or 4 for Strongly Agree.	Strongly Disagree	Disagree	Agree	Strongly Agree
1	If I receive a lukewarm dish at a restaurant, I make and attempt to let them know.	1	2	3	4
2	I resent authority figures who try to tell me what to do.	1	2	3	4
3	I find that I often have to question authority.	1	2	3	4
4	I enjoy seeing someone else do something that neither of us is supposed to do.	1	2	3	4
5	I have a strong desire to maintain my personal freedom.	1	2	3	4
6	In discussion, others easily persuade me.	1	2	3	4
7	Nothing turns me on more than a good argument.	1	2	3	4
8	It would be better to have more freedom to do what I want on my job.	1	2	3	4
9	I enjoy playing devils advocate whenever I can.	1	2	3	4
10	If I am told what to do, I usually do the opposite.	1	2	3	4
11	I am sometimes afraid to disagree with others.	1	2	3	4
12	It really bothers me when police officers tell people what to do.	1	2	3	4
13	It does not upset me to change my plans because someone in the group wants to do something else.	1	2	3	4
14	I don't mind other people telling me what to do.	1	2	3	4
15	I enjoy debates with other people.	1	2	3	4
16	If someone asks a favor of me, I will think twice about what this person is really after.	1	2	3	4
17	I am not very tolerant of other people's attempts to persuade me.	1	2	3	4
18	I often follow the suggestions of others.	1	2	3	4
19	I am relatively opinionated.	1	2	3	4
20	It is important to me to be in a powerful position relative to others.	1	2	3	4
21	I am very open to solutions of my problems from others.	1	2	3	4
22	I enjoy "showing up" people who think they are right.	1	2	3	4
23	I consider myself more competitive then cooperative.	1	2	3	4
24	I don't mind doing something for someone even when I don't know why I'm doing it.	1	2	3	4
25	I usually go along with other's advice.	1	2	3	4
26	I feel it is better to stand up for what I believe then to remain silent.	1	2	3	4
27	I am very stubborn and set in my ways.	1	2	3	4
28	It is very important for me to get al.ong with people I work with.	1	2	3	4
29	Drugs sometimes affect my judgment about engaging in safe sex.	1	2	3	4
30	Alcohols sometimes affect my judgment about engaging in safe	1	2	3	4

	sex.				
31	I know someone who currently has HIV/AIDS	1	2	3	4
32	I know someone who died of HIV/AIDS	1	2	3	4
33	I know someone who contracted HIV/AIDS from barebacking	1	2	3	4
34	The likelihood of me contracting HIV/AIDS is high	1	2	3	4
35	My partner never wears a condom during sexual intercourse.	1	2	3	4
36	I am very knowledgeable about HIV/AIDS	1	2	3	4
37	I am afraid to ask a partner to wear a condom	1	2	3	4
38	I am turned off if a partner asks me to wear a condom	1	2	3	4
39	I am very knowledgeable about the risks of barebacking/unsafe sex	1	2	3	4
40	I am very proud to be a member of the gay community	1	2	3	4
41	I often describe myself as a gay man	1	2	3	4
42	I often describe myself as a bisexual man	1	2	3	4
43	Wearing a condom reduces stress from worry associated with HIV.	1	2	3	4
44	I hate worrying about practicing safe sex.	1	2	3	4
45	I would rather be HIV positive than to worry about safe sex again.	1	2	3	4
46	I wish gay culture would return to how it was before AIDS.	1	2	3	4
47	I always wear a condom during sexual intercourse.	1	2	3	4
48	I feel physically more attractive when not wearing a condom during sex.	1	2	3	4
49	Wearing a condom decreases emotional intimacy.	1	2	3	4
50	Emotional intimacy is more important then physical intimacy.	1	2	3	4
51	Unsafe sex represents a huge amount of trust on my sex partner.	1	2	3	4
52	I would prefer the freedom not to wear condoms.	1	2	3	4
53	The hottest, most attractive guys are always HIV positive.	1	2	3	4
54	Many of my friends are currently HIV positive.	1	2	3	4
55	There is no longer a social stigma associated with being HIV positive.	1	2	3	4
56	There is a strong message from society to practice safe sex.	1	2	3	4
57	As a socially ethical man, I must practice safe sex.	1	2	3	4
58	Not wearing a condom is an act of rebellion.	1	2	3	4
59	Wearing a condom decreases sexual satisfaction.	1	2	3	4
60	Wearing a condom reduces emotional closeness with my partner.	1	2	3	4
61	I view safe sex as a voluntary choice.	1	2	3	4
62	I talk to my friends about safe sex.	1	2	3	4
63	Seeing condoms used in sexually explicit movies sends a positive message about safe sex.	1	2	3	4
64	I find condom advertising useful.	1	2	3	4
65	I find condom advertising informative.	1	2	3	4
66	I have sought information about safe sex on the Internet.	1	2	3	4
67	My friends would think I'm daring if I didn't use a condom.	1	2	3	4

Please place an X in the category which most accurately refelcts your sexual history.

None (0%)	Rarely (25% of less)	Occasionally (25%-50%)	Often (50%- 75%)	Mostly (75%- 99%)	Always (100%)	
						How often do you wear a condom during sexual intercourse?
						How often do you take the receiver role (bottom) during sexual intercourse?

What message about safe sex do you remember most and why?

Biographical Data

Age:	Race: 1. European Decent 2. Asia Decent 3. African Decent 4. Oceanic Decent 5. Native American Decent 6. Multiracial	Are you currently in a monogamous relationship? ___ yes ___ no If so, for how long? ____ years ____ months	How many sexual partners have you had in the last year? How many sexual partners have you had in the last 3 years?
	Highest Degree Earned: 1. No High School Diploma 2. High School Diploma 3. Some College 4. Bachelors Degree 5. Masters Degree 6. Professional Degree 7. Doctorate	Current Residence 1. Urban (over 500,000 people) 2. Suburban (100,000 to 500,000 people) 3. Rural (less then 100,000 people)	Top Versatile Top Versatile Bottom Bottom

Original Questionnaire

1. Wearing a condom reduces stress from worry associated with disease.
2. I worry about practicing safe sex.
3. Wearing a condom decreases eroticism.
4. Safe sex interferes with my sexual performance.
5. Wearing a condom decreases sexual satisfaction.
6. Intimacy is good.
7. There is still a stigmatization associated with HIV positive men.
8. Wearing a condom decreases physical intimacy.
9. The hottest or most attractives guys are always HIV positive.
10. Wearing a condom increases physical intimacy.
11. My health is more imporant then sex.
12. Wearing a condom reduces emortional closeness with my sexual partner.
13. I would rather be HIV positive than to worry about safe sex ever again.
14. Emotinal intimacy is more important then physical intimacy.
15. Medical science has not made significant progress in curing HIV/AIDS.
16. I only wear condoms to prevent the spread of AIDS.
17. Sex is important to me.
18. As a gay/bisexual man, the only chocie I have is condom or no sex.
19. Heterosexual men do not have to worry about safe sex with women.
20. Heterosexual men can easily chose between condom and no condom.
21. As a socially ethical man, I must practice safe sex.
22. I view safe sex as a voluntary choice.
23. It annoys me that I must practice safe sex.
24. There is a strong message from society to practice safe sex.
25. Men in monogamous relationships do not need to wear condoms.
26. Communication is the most important thing in a relationship.
27. Wearing condoms during sex represents huge trust.
28. I always wear a condom during sexual intercourse.
29. I would prefer the freedom not to wear a condom during sex.

VITA

Jon W. Braddy was born in Dyersburg, Tennessee on June 27, 1971. He was raised in Lexington, Tennessee and later Mayfield, Kentucky where he graduated from Graves County High School (1990). From there he attended Loyola University of Chicago where he received a Bachelor of Arts degree in Political Science (1995). After completing his Bachelor's degree, Jon moved to Bowling Green, Kentucky and attended Western Kentucky University where he was awarded a Master of Arts degree in Communication (1998).

Mr. Braddy is completing his doctorate in Communication Studies at The University of Tennessee in Knoxville. He has been teaching in Fort Myers, Florida for one year and currently holds the position of Assistant Professor in Communication at Florida Gulf Coast University.